IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV.

70	1.2502		BALTIMORE CITY I
10	12502	MEDICAL	EY A MINIEDIC

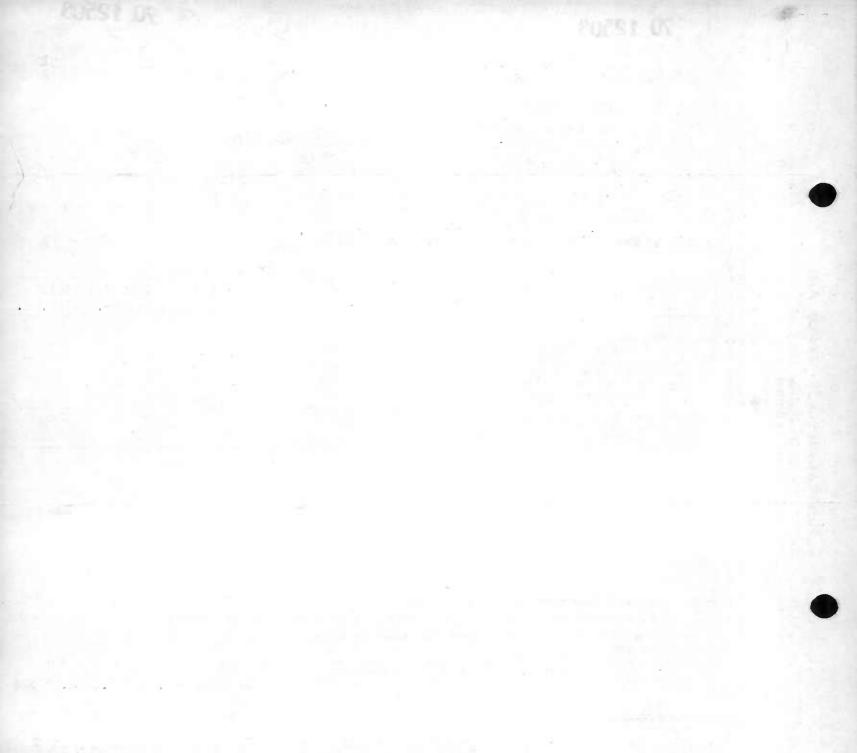
HEALTH DEPARTMENT

MEDICAL EXA	AMINER'S	CERTIFICATE	OF	DEATH.		70	1250
			•		EC NO		

BII	RTH NC.							KEO. 140.	-		
	NAME OF DEC		ARENCE JA	CKSON	2. DATE OF DEATH	Knawn   Estimated	Month	Day	Year	Hour	
FUL	L NAME OF	(IF NOT IN		RONOUNCED DEAD TITUTION, GIVE STREET	3. DATE PRONO	UNCED DEAD	Month 12	Doy 24	Year 1970	Hour 9 p	м.
OK.	Uni	versity H	Hospital		A. STATE	RESIDENCE (Where Maryland	deceased liv	ed. If institution: B. COUNTY	residence b	efare admiss	sian)
6.		7. RACE	-	RIED NEVER MARRIED	C. CITY OF	2		D. INSIDE CIT	Y LIMITS?	-	-
_	male	negro	WIDOV	VED DIVORCED		Baltimore		YE:	s. St	10 🗆	
9. 1	ATE OF BIRTH		AGE (In years	If Under 1 Yr, If Under 24 Hrs, Manths Doys Haurs Min.		and Number aklin St./	1600	w.			
6	BIRTHPLACE (SI	TBR Co	untry)	12. CITIZEN OF WHAT COUNTRY?	12. PATHER	ME 9	laci	ESON			
dan		orking lile, even Il	relired)	OF BUSINESS OR INDUSTRI	15. MOTH	R'S MAIDEN NA!	40	DALL			
16. (Yes	WAS DECEASE	D EVER IN U.S. (If yes, give wor o	ARMED FORCES	SP 17. SOCIAL SECURITY NO.	IB. INFOR	MANT Ind	reson	1931	DRESS	com	RN
	(This daes no heart foilure,	1 E OR CONDITIO EADING TO DE, ol mean the mod asthento, etc. It m plication which ca	ATH e of dylng, e.g., eons the disease,	(A) IMMEDIATE C DUE TO, OR A	AUSE GI	nshot wou	nd of	chest		PROXIMATE IN	
CERTIFICATION	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGNITO THE DEA	TECEDENT CAU OR CONDITIONS ABOVE CAUSE G CONDITION  II IFICANT CONDITION THE BUT NOT RELA	, IF ANY, GIVING (A) STATING THE LAST. ONS CONTRIBU	(c)	AS A CONSE	QUENCE OF:					
TIF		CONDITION GIVE									
	21	OPERATION 20	o. CONDITION	FOR WHICH OPERATION WA	S PERFOR!	VED			ves	PSY? (Yes ar	r No)
EDICAL	UNDERLYING UTING CAL	MAL CAUSE WAS MOR CONTRIB- JSE OF DEATH.		22B. PLACE OF INJURY (e.g., hame, form, factory, street, affice bar	bldg., elc.)	NURY OCCUR?			t lacation)	02	
Σ	OF INJURY	Manth) (Day)	(Year) (Hou	r) 22E.INJURY OCCURRED. WHILE AT NOT	WHILE X	22F. HOW DID IN.					
	(APPROX.)	12-24-70	8:35 p	m. WORK AT W	ORK X	Shot while					
		fy that I held	an Inquiry	Inspection Aut	opsy X	of man who	o was i	death in my a	at gi	ritrie	edd.
	result	ed fram: Natur	ral causes	Accident Sulcid	• 🗌 - II	omicide X	Undetermi	ned monner	]		
	ACTUAL		m.	belation.		CHIEF MEDICAL E				DATE SIGN	ED
	SIGNATU EXAMINE NAME (T <sub>1</sub>	R'S T	lore Miha	lakis, M.D.		OCIATE MEDICAL E			12-2	5-70	
24/ RE/	MOVAL (Specification)	y)(v	126/20	24C. NAME of CEMETERY	BAP	F 6,		(City, town,	49	(State	e)
25/	DE (	28 1970	Robert &	IAME OF REGISTRAR	7 25C.	FUNERAL DIRECTO	Hony	n 238°	DRESS,	lmn.	H
146	1 C. DEM - 1- 100										

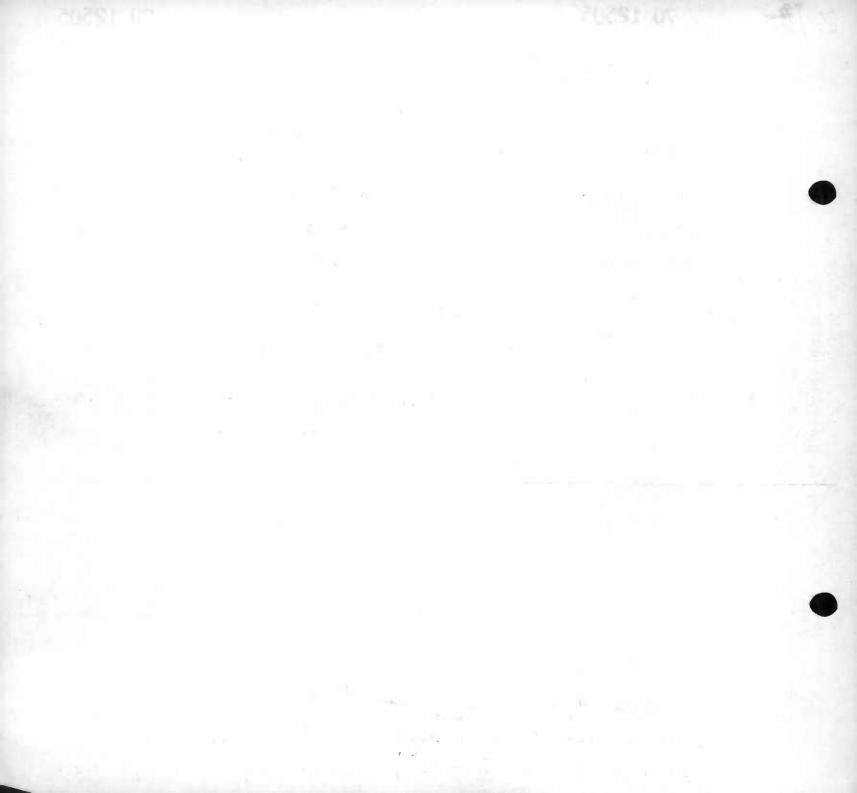
S0281 D7 SUES I UN TRACTOR ACTION AND STREET STREET STREET, AND STREET

BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  REG. NO.  1. NAME OF DECEASED  Type or Dispose  Type
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odd. A. STATE  8. COUNTY  Md.  C. CITY OR TOWN  Baltimore  E. STREET AND NUMBER  101 Cavendish Way  12224  5. SEX  6. RACE  7. MARRIED NEVER MARRIED  White  WIDOWED  DIVORCED  9/20/10  Male  White  Widows in the control of working life, even if reliefed)  MALE  WASHINGTON  A. STATE  8. COUNTY  Md.  C. CITY OR TOWN  Baltimore  E. STREET AND NUMBER  1101 Cavendish Way  21224  5. SEX  Male  White  Widows in the country  Male  White  Whi
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If institution residence before odd. A. STATE  Md.  C. CITY OR TOWN  Baltimore  City Hospitals  Baltimore  Baltimore  City Hospitals  Baltimore  Baltimore  City Hospitals  Baltimore  Baltimore  City Hospitals  Baltimore  Cause of Death
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION  Baltimore City Hospitals  4940 Eastern Avenue  Baltimore, Maryland 21224  5. SEX 6. RACE 7. MARRIED NEVER MARRIED 101 Cavendish Way 21224  Male White Widowed Divorced 9/20/10 90 60 60 60 60 60 60 60 60 60 60 60 60 60
Baltimore City Hospitals  4940 Eastern Avenue Baltimore, Maryland 21224  5. SEX  6. RACE  7. MARRIED NEVER MARRIED  8. DATE 8F BIRTH  9. AGE (In years lif Under 1 Yr. If Under Months; Doys Hours Divorced)  100. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  103. FATHER'S NAME  104. MOTHER'S MAIDEN NAME  ELMER FUGATE  Estelle  Burgan  105. SEX  106. SOCIAL SUDANDER SECURITY NO.  107. INFORMANT  BELWER FUGATE  ESTELLE Burgan  108. Add (In years lif Under 1 Yr. If
H940 Eastern Avenue Baltimore, Maryland 21224  5. SEX 6. RACE 7. MARRIED NEVER MARRIED 9/20/10  10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  MAINTAIN PROFESSIONALE  12. CITIZEN OF WHAT COUNTY  MAINTAIN PROFESSIONALE  13. FATHER'S NAME  ESTEET AND NUMBER 1101 Cavendish Way 21224  16. Under 1 Yr. If Under 1
Baltimore, Maryland 21224  5. SEX  6. RACE  7. MARRIED NEVER MARRIED  9. AGE (In years lost birthdoy)  9/25/10  100. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  MANUAL MATERIES NAME  12. CITIZEN OF WHAT COUNTY  MANUAL MATERIES NAME  ELMER FUGATE  15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  2/8-0/-5729  CAUSE OF DEATH  11. INFORMANT  Baltimore City Address 14940 Eastern Ave. Balto.  BCH: Records  15. PAPPROXIMATE INTERVEN ONSET AND BETWEEN BETW
Male White WIDOWED DIVORCED 9/20/10 9. AGE (In years lost birthdoy) WIDOWED DIVORCED 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTY 13. FATHER'S NAME  ELMER FUGATE  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 2/8-0/-5729  CAUSE OF DEATH  CAUSE OF DEATH  8. DATE 8 FBIRTH 9. AGE (In years lost birthdoy) WIDOWED 17. If Under 1 Yr. If U
Male White WIDOWED DIVORCED 9/20/10 60  10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)    Majura   Majur
MANUTAL PROFESSION OF DEATH  13. FATHER'S NAME  ELMER FUGATE  14. MOTHER'S MAIDEN NAME  ELMER FUGATE  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO. 2/8-0/-5729  CAUSE OF DEATH  CAUSE OF DEATH  17. INFORMANT  Baltimore City ADDRESS BCH: Records  1940 Eastern Ave. Balto.  BETWEEN ONSET AN BETWEEN ONSET AN BETWEEN ONSET AND B
13. FATHER'S NAME  ELMER FUGATE  14. MOTHER'S MAIDEN NAME  EStelle Burgan  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service)  16. SOCIAL SECURITY NO. 2/8-0/-5729  CAUSE OF DEATH  17. INFORMANT  Baltimore City Address Hospitals  BCH: Records  APPROXIMATE INTERED TO SET AND BETWEEN ONSET AND BETWEEN BET
13. FATHER'S NAME  ELMER FUGATE  Estelle Burgan  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Uf yes, give wor or dotes of service)  16. SOCIAL SECURITY NO. 2/8-0/-5729  17. INFORMANT Baltimore City Address Hospitals BCH: Records  1940 Eastern Ave. Balto.  BETWEEN ONSET AN  BETWEEN ONSET AN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  2/8-0/-5729  BCH: Records  4940 Eastern Ave. Balto.  CAUSE OF DEATH  CAUSE OF DEATH
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  2/8-0/-5729  BCH: Records  4940 Eastern Ave. Balto.  CAUSE OF DEATH  CAUSE OF DEATH
18. 4/0 9 CAUSE OF DEATH
BETWEEN ONSET AN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  Carding to Death
(This does not meon the made of dying, e.g.,  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (C) I
heort foilure, osthenio, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES Myperal in Infarction
DISEASES OR CONDITIONS, if any, giving  OUE TO, OR AS A CONSEQUENCE OF:
rise to the above couse (A) stating the UNDERLYING CONDITION task.
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
198. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) NO CERTIFYING CAUSES OF DEATH? YES  21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID  (If In Boltimare City, give exect location)
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   0R CONTRIBUTING   CAUSE OF   home, form, foctory, street, office bldg.   INJURY OCCUR?
▼ DEATH (notify medical examiner)   etc.)
While At Not While
TYOIR AT YOUR AT YOUR
that (I) (Ne) lost sow the deceased alive on 12/2/19 7 e and that in (my) tour) opinion death occurred on t
and hour and from the causes stated above. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED,
6/6 97 0 0 1 MA D Attending Med. Staff 77 12 /2 7/70
23C. PHYSICIAN'S  23C. PHYSICIAN'S  23D. ADDRESS 4940 Eastern Ave. Balto. Md. 2
NAME (Type)  Balt more City Hosport 9/5
24A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)
REMOVAL (Specify)
BURIAL 12-26-70 BALTIMORE CEMETERY ENDATHAGE BALTO MADES
DEC 28 PM Robert & Jackey 12 1
VS 150-REV. 1/1/6B



1	20 42504	BALTIMORE CITY	HEALTH DEPARTMENT	1	a corold				
5	70 12504	CERTIFICA	TE OF DEATH	REG. NO	70 12504				
nc .	(Type or Print) EMILL KOHL	/	2. DATE A	ND HOUR OF DEATH	7/50				
=	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAD		te deceated fived if insi	litulion: residence before admission)				
5 5	FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION ADDRESS OR LOCATION)	ITION, GIVE STREET	MARY CA	ND - 2110	8 7200				
54	LUTHERAN HOSPITAL	OF MD	E. STREET AND NUMBER	-	NOD				
9 6			BOX 276A	SEVER	N ROAD				
	MARKIED WIDOWED I	NEVER MARRIED DIVORCED	8. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.				
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if falling)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign countryl	12. CITIZEN OF WHAT COUNTRY?				
osit	13. FATHER'S NAME	W. C.	14. MOTHER'S MAIDEN NA	AA E	NSA				
disp	Samuel Robl	<u> </u>	Kese	mich	all				
1. NAI (Type 3. PL 1. NAI (Type	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give war or dates af service)	388/47/33	MARY K	COHL) -	ADDRESS				
	18 4-9 2 1	CAUSE OF DEATH	1	COAN	APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Achi	1 / 2 1 / 2 1 / 1 / 1 / 1 / 2 / 2	RY EDEN	BETWEEN ONSET AND DEATH				
ba	17his does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:								
	ANTECEDENT CAUSES RINGING HEART FAILLARE								
	DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) stating the UNDERLYING CONDITION last.	DUE TO, OR AS	A CONSEQUENCE OF:	MPHYSE	mp				
ai.	11	(0/************************************		11111936	/ / / /				
e rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	SECONOR	ony polycyti	1EM/A					
	19A-DATE OF OPERATION 19B. CONDITION FOR WI		20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?				
pefo	OR CONTRIBUTING CAUSE OF hame, DEATH Inatify medical examined	LACE OF INJURY (e.g., in farm, factory, street, affi	or about 21 C. WHERE DID	(II in Baltimore (	City, give exoct location)				
Pe	OF INJURY (Month) (Day) (Year) (Haus) 21E. 1	NJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?					
air	Wark	☐ Al Work	- NO IN	onny					
0	22. I certify that (1) (this hospital) attended the	1 - 1	2/21/1	920 to 12	1 23 / 1990				
	that (I) (we) last saw the deceased alive an	12/ 23/	19.70 and the		in death accurred on the date				
IUS	and haur and from the causes stated abave. (1)	(We) (did) (did not) vi	ew the bady after death.						
	K George Tho	CICAS MA Attended Phys.		Shoff Phys.	12/23/70				
ppro	1 1	HOMAS MO	D. ADDRESS XUTHERA	N HOSPITA	L OR MD				
	24A. BURIAL CREMATION, 24B. DATE 24C. NAM	DE OF CEMETERY OF CREA	44888		town, or county! (Siole)				
writt	25A- DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTOR	D. pur	ADDRESS ING D				





IMPORTANT

DIRECTOR:

FUNERAL

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BALTIMORE	CITY	HEALTH	DEDA	DTAKENIT
BALLIMUKE	CILI	DEALID	DELA	KIMENI

		2507 M	EDICAL	EXAMINER'S	CERTIF	CATE OF	DEAT	H REG. NO.	70	12507
1	NAME OF DE	CEASED		HIMES	II. DATE	v D	11 4		V	1
(1)	rpe or Print)	WI	LBERT H	IMES	2. DATE OF DEATH	Known   Estimated	Manth	Doy	Yeor	Hnur M.
		LTIMORE, MARYLAN	D, WHERE PRO	DNOUNCED DEAD	3. DATE	UNICED DEAD	Month	Doy	Year	Haur
H	ILL NAME OF DSPITAL R INSTITUTION	(IF NOT IN HO ADDRESS OR L	SPITAL OR INSTI	TUTION, GIVE STREET		RESIDENCE (Where	12	24	1970	10:45p M
	40	St. Agnes I	Hospital		A. STATE	Maryland	e dece dec	B. COUNTY	0,5	300
6.	SEX	7. RACE	B. MARRI	D NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE C	TY LIMITS?	Перти
	male	white	WIDOW	DIVORCED [		Baltimo	re	Y	ES 🖪	но 🗆
9.	9/25/	10. AG	SE (In years rthday) 64	If Under 1 Yr. If Under 24 Hr Manths Doys Hours Min	n.	. Beechwo	od Ave	•		
11	BIRTHPLACE	State or foreign count	ry) i	2. CITIZEN OF WHAT COUNTRY?	13. FATHER	MUE/	Hir	IES		
14.	A.USUAL OCCI	JPATION (Give kind al	work 14B. KIND	OF BUSINESS OR INDUST	RY 15. MOTH	R'S MAIDEN NA	ME		THE STATE OF	
da	MAChIN	warking life, even Il reti	red)			ANNA				
16		ED EVER IN U.S. AR	MED FORCES?	17. SOCIAL	18. INFOR			A	DDRESS	
(Y	es, no ar unknawi	(If yes, give wor or d	ates of service)	2/209-119	7 TOM	Cockey		CATON.	sville	Md
	19.100	()		CAUSE OF DE	ATH					PPROXIMATE INTERVAL
	DISEAS	SE OR CONDITION I	DIRECTLY							TELL CIVILI NIVE DENI
ľ		LEADING TO DEATH		ANIMMEDIATE	CAUSE Car	cinomatos	is			
	(This does	nat mean the mode e e, osthenio, etc. It mean	of dying, e.g.,	DUE TO, O	R AS A CONSE	QUENCE OF:				
	Injury ar co	mplication which cause	d death.)						96	
		NTECEDENT CAUSE	c	10					200	
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	(8) DUE TO, O	R AS A CONS	QUENCE OF:				
	UNDERLY	IE ABOVE CAUSE (A)	STATING THE	30,000						
Z				(c)						
CERTIFICATION	OTHER SIG	II NIFICANT CONDITION ATH BUT NOT RELATE	D TO THE TERMIN							
H	DISEASE O	R CONDITION GIVEN								
SER.	ZUA. DATE C	F OPERATION 208.	CONDITION F	OR WHICH OPERATION	WAS PERFOR	MED			21. AUTC	PSY? (Yes ar No)
_									no	5
FDICA	UNIDEDIVINI	RNAL CAUSE WAS GOR CONTRIB- AUSE OF DEATH.	2 h	2B. PLACE OF INJURY (e.g ame, form, factory, street, af	i., in ar about lice bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(If In Boltima	re City, give exc	ict location)	
Σ	22D. TIME		(Year) (Haur)	22E.INJURY OCCURRED	)	22F. HOW DID IN	JURY OCC	UR?		
	OF INJURY (APPROX.)				WORK					
		tify that I hald on	nquiry	Inspection 🔀 A	utopsy	and that on t	his basis,	death in my	opinion	
	resu	ted from: Notural	couses K	Accident Suic	ide 🗌 H	omicide 🗌			•	
ŀ.		1	16 1	- /		CHIEF MEDICAL I				
Ь	ACTUA	7-7	tale 1	ahor -	ASS	ISTANT MEDICAL		X		DATE SIGNED
	SIGNAT	IPDIC / /	filled		.D.	OCIATE MEDICAL E				
L	NAME (	Type) Isi		alakis, M.D.		Annual Property of the Parket			12-2	25-70
RI RI	A.BURIAL CRE	MATION, 24B. DA	TE /	24C. NAME of CEMETER	- / /	/	LOCATION	(	, or county	) (State)
6	ROMATIO	IN 12/	26/70	LEE FUNC		INE		IN & Ton		1261
25		C 28 1970		ME OF REGISTRAR	2 3°c.	FUNERAL DIRECT	Valet	30/	DDRESS	RICK Rd
VS	151-REV. 1/1/6	8			10		11000	45.87	161	79 6160

TO ESSOY AND TANKED TO THE PROPERTY OF THE PRO

HBD	21	70 12508  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH X REG. NO. 70 12508	
A/2-3	the	BIRTH NO. 12508 CERTIFICATE OF DEATH REG. NO. 12508	
oital and of death	Suc	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH	
	5	WEHLAND, WILLIAM HARVARD   DECEMBER 24, 1970  3.1	OA M.
Male	ce o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, if institution: residence before of the country is a state of the country	dmission)
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  MARYLAND BALTIMORE 21228  C. CITY OR TOWN  C. ATONSVILLE  YES TO NO IX	530
ed in a ting cau	h .	ST. AGNES HOSPITAL    CATONSVILLE   YES   NO	
7.	d p	5 SEY 14 BACS 17 BY	r 24 Hrs.
occurre	regular eased p	MALE WHITE WIDOWED DIVORCED 03 07 11	Min.
eath or c	dec	SALESMAN REAL ESTATE MARYLAND U.S.A.	OUNTRY?
if d ect 4) U	was the positi	13. FATHER'S NAME	
NT if directly (4)	+ L	WILLIAM D. WEHLAND ALICE (KING)	
IMPORTANT or his assistant Also, if the dir	death ince on final di	15. Wes Doceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer at doles of service)  NO  16. SOCIAL SECURITY NO. 215073192  ST. AGNES HOSPITAL RECORDS—CATON	1229
S as	dar	18 CAUSE OF DEATH APPROXIMATE IN	ITERY AL
AP his	0 4 5 5 5 5	DISEASE OR CONDITION DIRECTLY	ND DEATH
A PA		LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (C) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (C) IMME	
OR: iner		heart loilure, osthenio, etc. It meons the disease,	Ur
T min	0 0 0	ANTECEDENT CAUSES  (B)  Heart Failure and Chremo	1
DIRECTOR: ical examiner al examiner. s; (3) A fractu	E . E 8	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il ony, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last.  Heart Failure and Chronic (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C) Renal Failure due to A.S.C.V.D.	P8000000
- U E	/sicic was mair		
RAL DI f medical medical f burns;		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OSEASE OR CONDITION GIVEN IN PART 1 (A).	
UNERAL chief med y a medi	the ysic e th	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  198-DATE OF OPERATION 198-CONDITION FOR WHICH OPERATION WAS PERFORMED  198-CONDITION WAS	
T the 12.	900	OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice bidg., INJURY OCCUR?	
oved by the hospital	(6) pt (9) pt (9	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.)  While At Not While	
	X E E	22. I certify that () (this haspital) attended the deceased from NOVEMBER 30 19 70 to DECEMBER 24 19	7.0
a to the to the total	9.0	that () (we) lost sow the deceased olive on DECEMBER 24 19.70 and that in (n) (our) opinion death occurred on the control of t	
• P	spital eath) ust b	ond hour and from the couses stated above. (() (We) (did) (d)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	he dote
it h	deal deal must	23A, SIGNATURE 23B, DATE SIGNED	
must eleas ccide	al n	Attending Med. Staff 12 24 70	
0 - 0	ov o	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS ST. AGNES HOSPITAL	
certificat oody was /s: (1) An	prior	S. CHITTCHANG M.D. DEGREE CATON & WILKENS AVES BALTO MD	21220
E AS	0 o c	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
bo bo	D as	BURIAL 12/28/76 LOUDON RARKA BALTO MAD	
This the shov	was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. UNERAL DIRECTOR ADDRESS	
- + v	, 0 >	VS 150-REV. DEC 28 1970 Pole & E. Jalley R. D. J. S.	

in principal and the first of t Confidential Analysis (1997) and Analysis (199 

VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

0130 1765 UV  BIRTH NO.

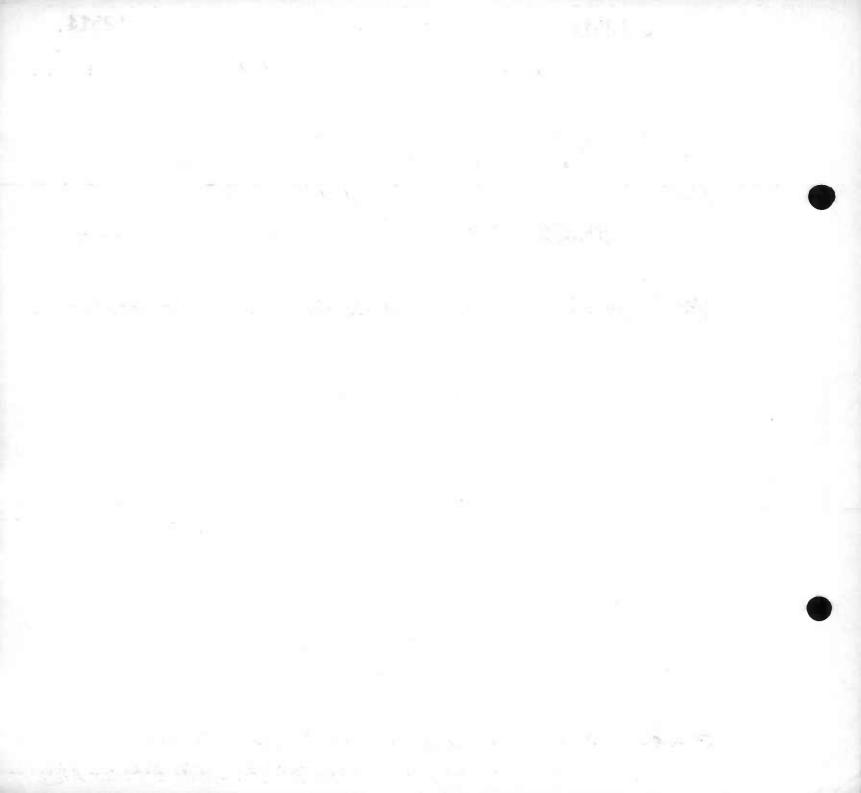
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70 12512

NAME OF DEC	NNIE ANNAL P			2. DATE OF DEATH	Known   Estimoted	Month	Doy	Yeor	Hnur	A.A.
PLACE IN BAL	TIMORE, MARYLAND, V		OUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	M.
JLL NAME OF OSPITAL R INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUT	ION, GIVE STREET		NCED DEAD	12	18	1970	6;10 p	м.
	23 Callow Ave			A. STATE	Marylan		B. COUNTY	on; residence a	302	1
SEX	7. RACE	C. CITY OR	OWN		D. INSIDE	CITY LIMITS?		_		
female	negro	WIDOWED			imore			YES X	NO 🗆	
DATE OF BIRTING $7/4/13$	H 10.AGE (I lost birthdo		Inder 1 Yr. II Under 24 Hrs. oths: Doys: Hours: Min.		Callow A	ve.				
.BIRTHPLACE(S	nd		CITIZEN OF WHAT COUNTRY?	13. FATHER'S						
A.USUAL OCCU		148. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NA	WE				
	ED EVER IN U.S. ARME		17. SOCIAL SECURITY NO.	Unkn 18. INFORM			4	ADDRESS		-
				Mrs.	Gaythu	ie Cla	ark 50	3 W. I	Lafavet	tell
19.	0.0.1		CAUSE OF DEA					AP	PROXIMATE INTERV	AL
(This does not heart foilure, to furry or con At DISEASES (	E OR CONDITION DIRE LEADING TO DEATH to I meon the mode of dy to, astheria, etc., it meons the relication which coused de  NTECEDENT CAUSES OR CONDITIONS, IF AN' E ABOVE CAUSE (A) STA	ring, e.g., a disease, ath.)	(8)		ENCE OF:		Calalov	ascula	T discast	_
	NG CONDITION LAST.  II  WIFICANT CONDITIONS C	ONTRIBITING	(c)							
DISEASE OR	ATH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERMINA	L							_
20A. DATE OF	FOPERATION 208. CO	NDITION FOI	WHICH OPERATION W	AS PERFORME	D			21. AUTO	PSY? (Yes or No	)
								no		
UNDERLYING	NAL CAUSE WAS GOR CONTRIB- LUSE OF DEATH.	22B.	PLACE OF INJURY (e.g., e, farm, factory, street, office	in or obout 22 e bldg., etc.) IN	C. WHERE DID JURY OCCUR?	(if In Boltimo	re City, give e	xact location)		
OF INJURY (APPROX.)	(Month) (Doy) (Yea			WHILE CORK	F. HOW DID IN	JURY OCCI	UR?			
	URE ER'S	Man	Inspection & Au Accident Sulcident M.D.  Miss, M.D.	. ASSIS	and that an t micide HIEF MEDICAL TANT MEDICAL	Undetermi EXAMINER EXAMINER	death in my		DATE SIGNED	
4A. BURIAL CRE/ EMOVAL (Special	MATION, 248. DATE	, 2	Mt Calvary			LOCATION		vn, or county	(State)	_
SA. DATE REC'D	BY HEALTH DEPT.		E OF REGISTRAR	25C. F	C March	OR	rundel B E. N	ADDRESS		
151 DEV 1/1/61	0									=

91851 0 S1651 UV ter teal of Sint would at my to be the and the state of t

70 10510	BALTIMORE CITY	HEALTH DEPARTMENT		70 1251B
BIRTH NO. 12518 W.	CERTIFICA	TE OF DEATH	REG. NO	/25/3
1. NAME OF DECEASED (Type or Print) William Sper	deer	12-	100 HOUR OF DEATH	12:15 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION	ON, GIVE STREET	MD C. CITY OR TOWN	·	DE CITY LIMITS?
MT. SING! NUrsing HO	ne	BAlto.	0. 11131	YES NO
90 4613 PARK Heights	1.10	E. STREET AND NUMBER 195. Fulton	Ave	
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
MALE Negro WIDOWED Z	DIVORCED	6-11-0900	birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE IState or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
	PUCTION	VA.		
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	E	
Thomas Spencer		Lucy		
	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No 2	7-09-112	5 LELIA KI	NG 195	FULTON AVE
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		OTO a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	PATIMINEDIATE CAUS	al Grena	X/ Krohe	John 2 Week
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. 11 means the disease,		CONSEQUENCE OF:		
injury or camplication which caused death.)				
ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:		<b>0000000</b>
DISEASES OR CONDITIONS, it any, giving rise to the obave couse (A) stating the UNDERLYING CONDITION last.	(C)	A CONSEQUENCE OF:		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OLISEASE OR CONDITION GIVEN IN PART 1 (a)				
U 194 DATE OF OFFRATION 1198 COMPITION FOR WILL	ICH OFERATION	20A. AUTOPSY? IYes or No)	208. IF YES, WERE I	FINDINGS CONSIDERED
WAS PERFORMED WAS			IN CERTIFYING CAL	USES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING 218. PL	ACE OF INJURY (e.g., in farm, foctory, street, offi	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Boltimor	e City, give exect location)
21D-TIME (Month) (Doy) (Year) (Hous) 21E IN	JURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
(APPROXI While Wark	Al Work		X	
22. I certify that (1) (this hospital) attended the	deceosed from	2 / 7 19	70 10 te	23 1970
that (1) (we) lost sow the deceased olive on	Vec 22	19 70 ond that	in(my) (our) optr	nion death occurred on the date
and hour and fram the couses stated above. (1)	(did not) vi	,		
23A. SIGNATURE	/	- /	<	23B. DATE SIGNED
Lans, Lang	DE GREE Phys.	ding Med. St	off pys.	SC 24 -1970
23C. PHYSICIAN'S NAME (Type)	3	502 W. Roger	are Pd	Stynore Med
24A. BURIAL CREMATION, 24B. DATE 24C.NAM	E of CEMETERY OF CREA	MATORY 24D. LOC	CATION ICI	y, town, or county)   IStole)
Burial 12/29/70 Mt.	Auburn Ce	m. Ba	H Md.	
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF		25C. FUNERAL DIRECTOR		ADDRESS
DEC 28 1970 Gaber E.	table All	WAS C MAR	CH 728	EMORTH AUE
VS 150-REV. 1/1/68				

VS 150-REV. 1/1/68



· N	4201	70 12515 BALTIMORE CITY H	HEALTH DEPARTMENT
VY	7.0 G 7.G	BIRTH NO. CERTIFICAT	E OF DEATH REG. NO. 70 12515
	of deatlored of deatlored of deatlored of deatlored of the such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	- 0 0 0 c	(Type or Print) Melvin L. Welsh	12/20/70 1 7:45 P. M.
	the Dot	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission
	hospital ise of d (5) Dece ance or death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Md. 2572
	use; use; tend	INSTITUTION ADDRESS OF ECCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	in a ng cause; attend ior to	/// St. Agnes Hospital	Baltimore YES X NO
	T	70	
	ar a b	5. SEX   6. RACE   7. MADDIED TO BE	2655 Marbourne Ave.  DATE OF BIRTH   9. AGE (in years       Under 1 Ye.       Under 24 Mrs.
	occurre ontribut ermined regular regular is made	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED 1	DATE OF BIRTH  9. AGE (In years lest birthdey)  10/8/11  9. AGE (In years Menths; Days Hours; Min.
		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11	BIRTHPLACE (State or loreign country)   12. CITIZEN OF WHAT COUNTRY?
	+ 0 0	Truck Driver Joseph Digan Co.	No. of the contract of the con
	00 = 4		Maryland USSA
	V ~ > C 9	William E. Welsh	
Z	dire dire d; (4) ath v on th		Wilhelmina Conway
A	0 0 0 0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wer er dates of service)  16. SOCIAL SECURITY NO.	· INFORMANT ADDRESS
7	ssis th th kin de din		Mrs. Leona J. Welsh, 2655 Marbourne Rd. 21230
IMPORTA		18. / G/ / G I CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
×	Also, e of a nounc attended of a med o	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Between ONSET AND DEATH
0 -	Als nou att		ONSEQUENCE OF:
ä	ner. actur pror ular mbal	heert failure, asthenia, etc. It means the disease.	
ō	.= c o = 5 E	ANTECEDENT CAUSES	on Carofid acting
5	xami xami X A fr who who are e	DISEASES OR CONDITIONS, if any, giving	CONSEQUENCE OF
DIRECTOR:	_ 0 C c.1 v	nise to the above cause (A) stating the UNDERLYING CONDITION last.	i le heutales.
	5 5 C	(C)	
4	O P S S E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Para
2	med y bu phy: phy: ian v	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IT TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	orver for forther
UNERA	by a med by a med 2) Body but re the phy physician fore the re	19A. DATE OF OPERATION WAS PERFORMED  19A. ACCIDENT WAS UNDERLYING 1218. PLACE OF WHITE VICE IN COLUMN 1981.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	by the State of th	of all co-fairner.	(hu
14.	by the cl pital by re; (2) B where tl No phy d before	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in eineme, lerm, loctery, street, affice etc.)	or obout 21C. WHERE DID (If In Baltimere City, give exect lecotion) a bldg., INJURY OCCUR?
	9 6 5 7	2 21D-YIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	ne (6)	While At   Net While	
	he had	Welk Land At Welk Land	end .
	07 5 6 7 0	22. I certify that (i) (this hospital) attended the deceased from	
	= 0 0		ond that in(my) (our) apinion death accurred on the date
!	sed to sed to the of th	and hour and from the couses stated abave. (1) (We) (did) (did not) view	w the body ofter death.
	eased eased ident hospit hospit must	23A, SIGNATURE	23B, DATE SIGNED
	E + 5 - 5 - 5 - 5	ally audio lucies be & DEGREE Phys.	ng Med. Staff Phys.
	0 0 2 5 5		ADDRESS .
	certificate sody was see (1) An of D.O.A. at ased prio	ALEIANDRO MEJIA MD.	STAgues Huspital.
	W - W -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMA	
	Sod D.O ase	Burial 12-24-1970 Meadowridge Ceme	etery Washington Blvd. Howard Co., Md.
	4 5 0 2	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTIAR	25C. PINERAL DIRECTOR ADDRESS
	This the shows was		Howard H. Hubbard, 4107 Wilkens Ave. 21229
		VS 150-REV, 1/1/68	1207 11110110 1170, 11111

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70	12516			HEALTH DEPARTA	<i>Y</i>	G. NO. 70	12516	3
BIRTH NO.			CERTIFICA	TE OF DEA	ATH KE	G. NO		
1. NAME OF DEC	Bessie Wit				12-22-70		7:39	5 P M
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONG	DUNCED DEAD	4. USUAL RESIDEN	CE (Where deceased B. COUNTY	lived. If institution	n: residence befo	re odmission)
FULL NAME OF HOSPITAL OR INSTITUTION			TUTION, GIVE STREET	Marylan		D. INSIDE CIT	5 5 6	10
	Hilton			Catonsv	ille	YES		5
10	3313 Po Baltimo	-		E. STREET AND NE	MBER Paradise A	ve.		
5. SEX	6. RACE White	7. MARRIED	NEVER MARRIED DIVORCED	s. date of Birth  Jan. 188	9. AGE (In lost birthdo	yeors If U Mon	nder 1 Yr. If U	nder 24 Hrs.
IOA. USUAL OCC	UPATION (Give kind of work		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto			CITIZEN OF WHA	T COUNTRY
. /	working life, even if retired)	0	Home	Pa	3.1.1			•
HONSE W	ME	Own 1	TOME	14. MOTHER'S MAI	ltimore Md			
7.743	liam Tambina							
	.liam Jenkins Ever in U. S. Armed Force Office yes, give wor or dotes	es?	16. SOCIAL	17. INFORMANT			ADDRESS	
(Yes, no or unknown	Ill yes, give wor or doles	of service)	217-03-2943A		L. Jenkins	111 Page	_	, .
18.44	2.41		CAUSE OF DEAT	H	L. <1 E11/5 1 p 3	1161014	APPROXIMAT	
DISEA	SE OR CONDITION DIR	ECTLY		1) (	11		BETWEEN ONS	T AND DEATH
(This door -	LEADING TO DEATH	duine a c	(A) IMMEDIATE CAL		. ( = 0	().		
heort foilure,	of mean the mode of asthenia, etc. It means	the discose	DUE TO, OR AS	A CONSEQUENCE OF:		7		
1	aplication which coused	deolh.)						
	ANTECEDENT CAUSES		(B)	A CONSEQUENCE O			***	
rise to the	OR CONDITIONS, if a obove couse (A)		DUE 10, OK AS	A CONSEQUENCE O	r:			
UNDERLYING	G CONDITION last.		(c)					
OTHER SIGNIF	  CANT CONDITIONS CON  H BUT NOT RELATED TO TH	E TERMINAL						
OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	OPERATION 198 CONE WAS PERFO	TION FOR	WHICH OPERATION	20A. AUTOPSY? (Y		ES, WERE FINDIN FYING CAUSES C	GS CONSIDERED	)
OR CONTRIBU	NT WAS UNDERLYING TING CAUSE OF	21 l hor etc	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of J	or obout 21C. WHER	E DID (If	In Boltimore City,	give exoci locotio	n)
21D. TIME	(Month) (Day) (Year)	(Hour) 218	INJURY OCCURRED	21 <b>F.</b> HOW	DID INJURY OCCU	R?		
(APPROX)		Wi	hile At  Not While					
22. I certify	that (1) (this haspital)			June	19 70 to	(-	2-22-	10 70
	last saw the deceased		4 - 5	2-1970	and that In (my)	(aur) apinian d	eath accurred	on the date
and haur and	from the causes state	d abave. (	i) (We) (did) (did nat) v	lew the bady after		(asi, spinion a		on me date
23A. SIGNATU	RE ()	10	17 -			23 B, D	ATE SIGNED	
	Baron	(Q)	Dhum	nding Med.	Staff Phys.		12-24	-70
23C. PHYSICIA	N'S		DEGREE	3D. ADDRESS			7	
	Parky Calify			831	Ponlaw Cwer	ra Odmand		
24A. BURIAL TRE	MATION, 24B, DATE	24C. N	AME OF CEMETERY OF CRE	MATORY	Poplar Grov	(City, town	, or county)	(Stote)
Buria	1 /2/24/	n La	us on Porent	1 marks -12	we out	ora, ma	/	
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. PUNERAL D	IRECTOR	1 100	ADDRESS	
DEC	28 1970 Pag	B E. 3	about 18 8.	Ambrose	TNC122	& Salph	un Sak	30)
				111111111111	100	- 5   1		- NE .

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BALTIMORE	CITY	HEALTH	DEPARTME	NI

	HEALTH DEPARTMENT			
MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH REG. NO	70	12517

BIKIH NO.								
1. NAME OF DECEASED (Type or Print)  CHARLES L. KING				Known	Month	Day	Year	Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					Month	Day	Year	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				SIDENCE (What	12	22	1970	16:25 p
			A. STATE Md.  8. COUNTY  Md.					
6. SEX 7. RACE	8. MARRII	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	TY LIMITS?	
male negro widowed Divorced D				Balto.		Y	ES 🔼 N	10
9. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months   Doys   Hours   Min.		ND NUMBER				
4-12-1933   lost biethday)   Months Doys Hours Min.				4 Orchard	St.			
11. BIRTHPLACE (State or foreign		2. CITIZEN OF WHAT COUNTRY?	13. FATHER					
Mt. Airy, North		U.S.A.		es King				
14A.USUAL OCCUPATION (Give	kind of work 14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE	S MAIDEN NA	WE			
done during most of working life, eve.	il uremed/		Mary	Alice Kir	ng			
16. WAS DECEASED EVER IN U	S. ARMED FORCES	17. SOCIAL SECURITY NO.	18. INFORA	IANT		A	DDRESS t.	Airy, N
No.	of dollar of servicey	Sconiii iio.	Nation	al Funera	al Home	82	4 N. M	ain St.
19. 4 9/1/		CAUSE OF DEA	TH					ROXIMATE INTERVA
DISEASE OR CONDIT	ION DIPECTIV							
LEADING TO		(A)IMMEDIATE	Fat	ty liver				
(This does not mean the n	node of dying, e.g.,		AS A CONSEQ	UENCE OF:				
heart foilure, osthenio, étc. Injury or complication which	coused deoth.)							
44 1975 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	111000							
DISEASES OR CONDITIO		(B) DUE TO, OR	AS A CONSEC	UENCE OF:				
DISEASES OR CONDITIO	SE (A) STATING THE							
Z UNDERLYING CONDITION	ON LASI.	(c)						
Ĕ								
OTHER SIGNIFICANT CON TO THE DEATH BUT NOT IT DISEASE OR CONDITION OF 20A. DATE OF OPERATION	RELATED TO THE TERMI	NG NAL						
20A. DATE OF OPERATION	208. CONDITION F	OR WHICH OPERATION W	AS PERFORM	ED			21. AUTOF	SY? (Yes or No
0 2							yes	5
22A. EXTERNAL CAUSE V UNDERLYING OR CONT UTING CAUSE OF DEAT	RIB-	2B. PLACE OF INJURY (e.g., some, form, loctory, street, offic	in or obout 2 e bidg., etc.) if	C. WHERE DID	(ii in Boltimor	e City, give ex	act location)	
☐ UTING ☐ CAUSE OF DEAT ≥ 22D. TIME (Month) (De		22E.INJURY OCCURRED	2	F. HOW DID IN	JURY OCCU	IR?		
OF INJURY (APPROX.)		WHILE AT NOT	WHILE					
23.		m. WORK LATW	ORK					
I certify that I he	ld on Inquiry	InspectionAu	topsy	and that on t	his basis,	death in my	opinion	
resulted from: No		Accident Suicid				ed monner		
7		, a district		HIEF MEDICAL I				
ACTUAL	Alha	1.0.100		TANT MEDICAL I		i I		DATE SIGNED
SIGNATURE	1 11/100	eleholy M.D						
EXAMINER'S NAME (Type)	Isidore Mi	halakis, M.D.	ASSO	CIATE MEDICAL I	EXAMINER		12-2	23-70
24A. BURIAL CREMATION, 24	B. DATE	24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, tow	n, or county)	(State)
REMOVAL (Specify) Burial			Mt. Air	110	March			
25A. DATE REC'D BY HEALTH D	12-29-70	Mountain View	v ceme te	WINERAL DIRECT		12	North	Carolina
0			6	TON & DY				ens Stre
DEC 28 1970	Robert E. 3	منافقي جوهر	PIOI	TON G DI	- 1 1   -	. 1/0	Ladi	0113 3 61 6
VS 151-REV. 1/1/68								

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VS 150-REV. 1/1/6B



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BALTIMORE CITY HEALTH DEPARTMENT

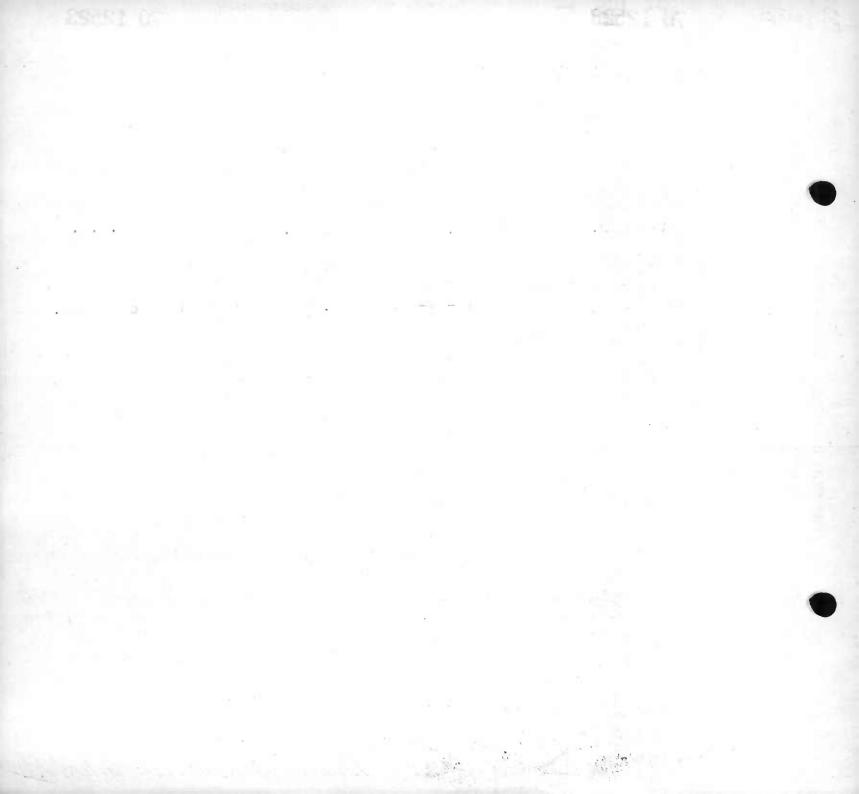
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4	4511	70. 12521 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 70 12521
2	che that	BIRTH NO. CERTIFICATE OF DEATH REG. NO
	as da Su → Su	1. NAME OF DECEASED  (Type or Print) + RADK GOLOMBOWSKI ACC. 29 19 20 1 C. 30 4.
	_ 0 0 5	
	± 000 ±	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET)
	hospit ise of (5) De ance deatl	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET WARY LAND D. S.A. 5300
	cau Lse; end	INSTITUTION D. INSIDE CITY LIMITS?
		CHURCH HONE AND BALTIMORE VES 1 NO 1
	d car	35 HOSPITAL E. STREET AND NUMBER 14 K (22)
	F 2 0 0 0	S. SEX O. RACE TO MADDIED TO MADDIED TO REPORT TO AGE OF STORM
	Se Se	7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 9 Months Doys Hours Min.
		10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)
	de de de	Torus Polano DSA
	de Un as as	13. FATHER'S NAME
E	direct or c firect or c ; (4) Undet th was in the dec	PETER GOLDHBOWSKI KATHERINE GORALSKI
AN		15. Wes Deceesed Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or doles of service)  SECURITY NO.
ZT.	ssista the kind deat nce o	No Live and Service) SECURITY NO. 215-28-7594 Sizo De Marine (Same)
ORT	if i	18. 4 2 4 1 7 2 0 4 CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
MP	lso, of of contract of contrac	LEADING TO DEATH
_	. Als	(This does not mean the mode of dying, e.g., heart loiture, osthenio, etc. It means the disease,
OR:	5 2 7 7 5 6	injury ar camplication which caused death.)
CTC	E c t o mo	ANTECEDENT CAUSES (B) Strang Solarly and suf
REC	ar ar	DISEASES OR CONDITIONS, il any, giving rise lo lhe obove couse (A) stoling the
2	s; (cal	UNDERLYING CONDITION last. (C)
AL	medical ledical burns; (shysician in was in	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  POSSIBLE OF CONTRIBUTIONS  POSSIBLE OF CO
ER/	# E > G.O.O	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Z	chie Bod the ysic	DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A. OATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION 200B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
3	tal by b; (2) B here t No phy before	On CONTRIBUTION OF CANCEL OF INJUST CO. WHERE DID III In Boltimore City, give exect locofion)
		DEATH (notify medical examiner) etc.)
	hospit nature cept wid d (6) N ained k	- I(V bbb())
	S = X S = t	
	appropriate the three th	22. I certify that (I) (this hospital) attended the deceased from 19 19 10 and that in (my) (our) applies death accurred as the deceased of th
	9 0 0 7 7	and hour and from the couses stated above. (1) (We) (dld) (dld not) view the bady after death.
	# # 0 0 m = 1	23A. SIGNATURE 23B. DATE/SIGNED /
	= 4 E 0	Attending Med. Stoff D 127/7
	0 - 0 - >	23C. PHYSICIAN'S NAME (Type)
		DEGREE DEGREE
	L - U 0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24O. LOCATION (City, town, or county) (Stolet
	This cert the body shows: ( was D.O decease written	DURIAL 12/30/10 DIS DANIS LAWS CONFETER DALIMORE Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
	This the b show was dece	DFC 28 1970 Robert E. Janber, M. 3. 25C. TUNERAL DIRECTOR GEORGE A. WEBER- 705 S. ANN ST. #2123
	1	VS 150-REV. 17/1/68





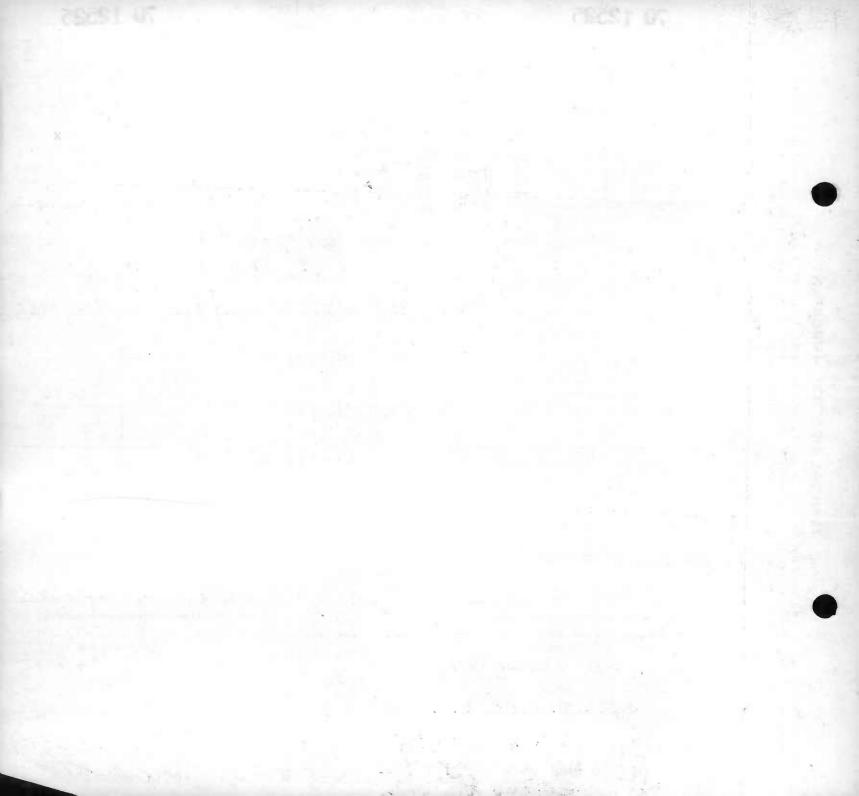


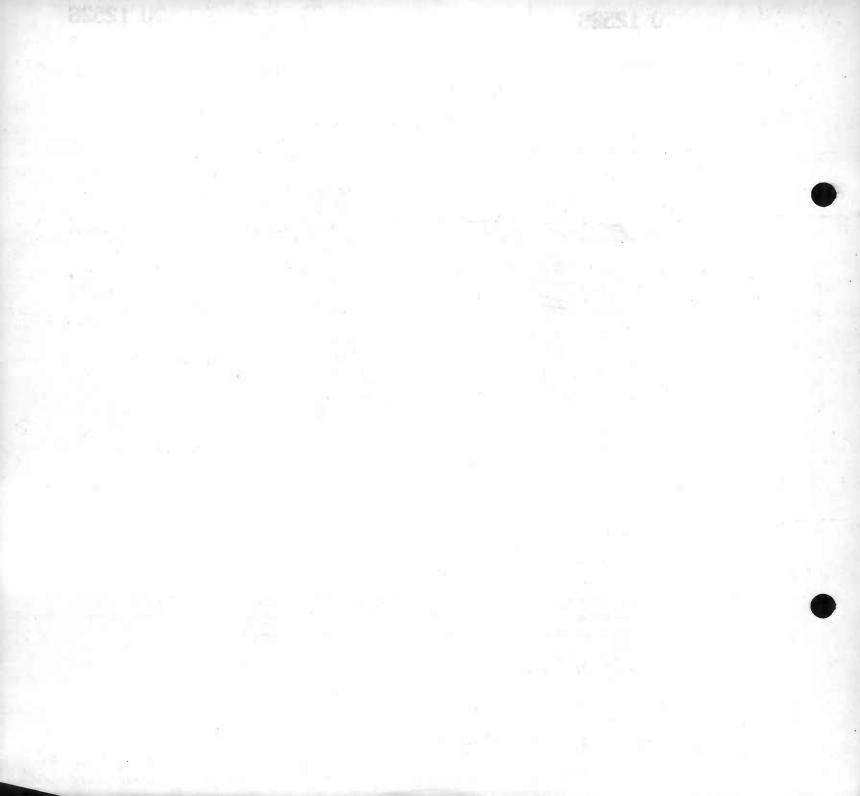
3/02	70 12524 BALTIMORE C	TY HEALTH DEPARTMENT
Dig of	BIRTH NO. GERTIFIC	ATE OF DEATH REG. NO. 70 12524
of death Of death Deceased on the	I NAME OF THE PARTY OF THE PART	etersam) 2 Date and Hour of DEATH
- 0 0 c c	Joseph J. Petersam	12/21/70 130 P.
of of control of contr	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 8. COUNTY
hos (5) an de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	md. 83/
	INSTITUTION ADDRESS OR LOCATIONS	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Minion Mememosial Hosp	Baltimore YES T NO
0	Dinion Mememosial Hosp	E. STREET AND NUMBER  3303 WOODS & FOR LE FRIE
ibu d ad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	The state of the s
contribut ermined regular eased p	WIDOWED NO DIVORCED	8. DATE OF BIRTH  9. AGE (In yeors If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	
ath in in dec	done during most of working life, even if refired) Salesman Insurance Co.	Maryland UST
de La Sita	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
w w the thouse	Henry Petersam	10
stant ind; ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL	17. INFORMANT
isto he kin dea ce ce	SECURITY NO.	- ADDRESS
S + - = ==	118	A Mr. F. Alfred Petersam (Same)
his as Iso, if of any unced tendal	DISEASE OR CONDITION DIRECTLY &	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also o of noun atte	LEADING TO DEATH	CT Blod-
· · · ·	(This does not meon the mode of dying, the good DUETO, OR A heort failure, asthenio, etc. it means the disease.	AUSE (I Blending) S A CONSEQUENCE OF:
actu pro ular mba	injury or complication which coused death)	
Eropo	(8)	Domica
Xan Xan y A wh	DISEASES OR CONDITIONS, if any, giving DUE TO, OR ise to the obove couse (A) stoling the	AS A CONSEQUENCE OF:
- OC E.E.	UNDERLYING CONDITION last	
dical dical rrns; sicia was main	7	
Y Y 3 3 5 1	OTHER SIGNIFICANT CONDITIONS CONTINUOUS IN THE SEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Mio (3 unche St)
a mody ody	DISEASE OF CONDITION GIVEN IN PART 1 (A)	120A ATTOPSYS IVes or No. 208 HE VER MEDIC CONCIDENCE
	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	office bldg., INJURY OCCUR? (II in Bollimore City, give exect location)
	DEATH (notify medical examined	above address
hospita nature; sept whe d (6) No ained be	Monini (Doy) (Teon (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCURY
	(APPROX.) // 26/70 While At Not Work At Wo	ille I Pet follower rug at
proventhe hiny not excelled and obtain	22. I certify that (I) (this hospital) ettended the deceosed fram.	1/24/70 19 to 12/2/ 19 70
of of of all (h);	that (1) Twe) lost sow the deceased alive on 12/2/	9 TO and that in (my) (Qur) opinion death occurred on the date
	and hour and from the couses stoted obave. (1) (We) (did) (did not)	view the bady after death.
deat deat deat must	23A-SIGNATURE	23B. DATE SIGNED
		tending Med. Director Phys. 12 /1/70
was r An a L at c prior	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
A A Pr	I mar V. Crothers MD OFGRE	Union Wensmal Mosp
F\$0000	REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (State)
This certificate make body was related shows: (1) An accilonated was D.O.A. at a becased prior to written approvat	Burial 12/24/70. Holy Redeemer Co	
This the bashow was dece writt	DEC 28 BIR PAGE & CALL	25C. WHERAL DIRECTOR ADDRESS
	VS 150-REV, 1/1/68	Leonard J. Ruck, Inc. Balto. Md. 21214

FUNERAL DIRECTOR: IMPORTANT

Whased by Misside







BALTIMORE CITY HEALTH DEPARTM	MENT
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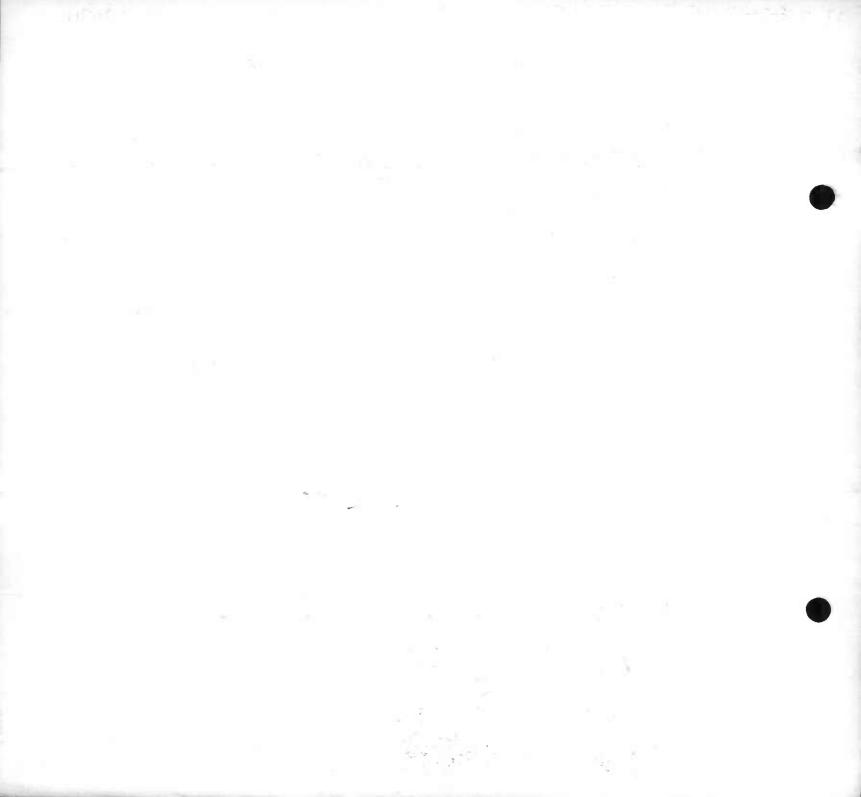
ВІКТН NO. 12527;	CERTIFICAT	TE OF DEATH	REG. NO	/U TYJA!					
1. NAME OF DECEASED (Type or Print)			ID HOUR OF DEATH						
HELEN HOLMES	210 0140	12/23		12.45 p M. stitution; residence before admission)					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNG FULL NAME OF HOSPITAL OR INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION  ADDRESS OR LOCATION)		Maryland, c. city or town	TY	DE CITY LIMITS?					
Granada Nursing Home	Dalle	Baltimore E. STREET AND NUMBER		YESXX NO .					
4017 Liberty Heights Ave	., Balto.	<b>商業業</b> 233 E.	Universi	ty Parkway					
5. SEX 6. RACE 7. MARRIED WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	TATAL MOUNTED	L DATE OF BIRTH	9. AGE (in years lost birthdoy)	if Under 1 Yr. if Under 24 Hrs. Manths Days Hours Min.					
done during most of working life, even it retired Retired		Pennsylvania		U.S.A.					
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NA	ME	0.0					
William Shafer		Raechle Bar	nhart						
15. Was Deceased Ever in U. S. Armed Farces? (Yas, no arunknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	Thomas R. Ho	lmes7112 Mo	ani la Ave 21207					
LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the UNDERLYING CONDITION last.		E — CARCINOMA CONSEQUENCE OF:  CONSEQUENCE OF:	of secum	18 months					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHI WAS PERFORMED 214. ACCIDENT WAS UNDERLYING 1218. PLA	CH ORDATION	I 20 A ALTEROMA IV.	N 000 to was	**************************************					
WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED ISES OF DEATH?					
OR CONTRIBUTING CAUSE OF hame, f	OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCC DEATH instify medical examined								
I OF INTITIES	OF INJURY  (APPROX)  While At   Not While								
22. I certify that (I) (this hospital) attended the attended (I) (we) last saw the deceased alive an	22. I certify that (I) (this hospital) attended the deceased from 11/13/70 19 to 12/23/70 19 that (I) (we) last saw the deceased alive an 12/23/70 19 and that in (my) (aux) angles death accurred as the data								
ond haur and from the causes stated above. (1) (We) (did) (d									
23A. SIGNATURE	Affend Phys.		S toff Phy s.	238. DATE SIGNED /2/23/70					
23C. PHYSICIAN'S NAME (Type) HOLLIS SEUNAK	123	D. ADDRESS	NBERRY ,	Rd 2120a					
Bunial 12/26/70	of CEMETERY OF CREM			imore Maryland					
DEC 20 1970 WAGE E.				6411 Windson Mill					



SEST OF BROWN

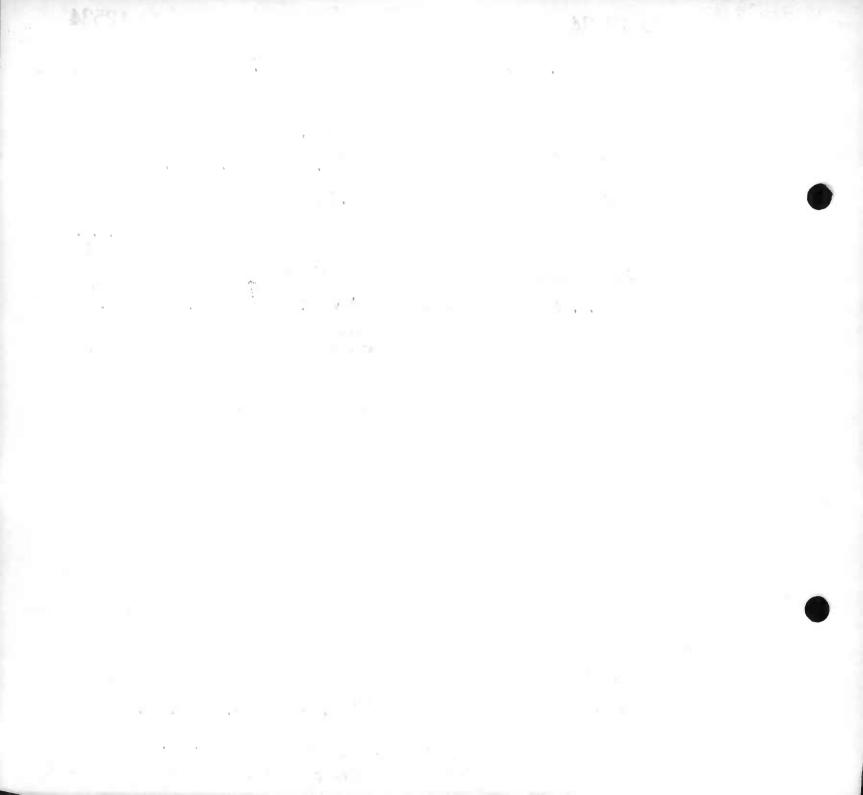
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1	70 12529			HEALTH DEPARTMENT	REG. NO	70 12528			
1.	RTH NO. NAME OF DECEASED		CERTIFICA	TE OF DEATH	ND HOUR OF DEATH	,			
	pe or Printle Dickens. Henry	ч		(2)	15/70	1 1145 A.			
	PLACE IN BALTIMORE, MARYLAND, WITH THE PROPERTY OF THE PROPERT	HERE FRONOUNC	MULD		ere deceased lived. If in:	stitution: residence before admission)			
100	South BAlhmore (	Beneval	1-0-11	BAIL MOVE.	D. INSI	YES NO			
	43			E. STREET AND NUMBER	ross 5+	123/2 100			
5.	SEX 6. RACE	WIDOWED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 97 8 - 26 = 9.5	9. AGE (in years lest birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.			
10	A. USUAL OCCUPATION (Give kind of world			11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY			
L	ne during most of working life, even if retired)	RETIFE		North Car		YSA			
13	FATHER'S NAME			14. MOTHER'S MAIDEN NA					
Ļ	LATAYETTE DICKE	, ,		Flora	AWIENCE				
(Y	Wos Deceosed Ever In U. S. Armed Fer is, no or unknown) Uf yes, give wer or dote	s of service)	SECURITY NO.	Dorestell		ADDRESS			
r	18. / 5 - / 9		CAUSE OF DEATH	1	ins /2 10	W Cross 19			
	DISEASE OF CONDITION DIS LEADING TO DEATH	RECTLY		dio Respira	tony fait	BETWEEN ONSET AND DEATH  2 days			
	(This does not meen the mode of heart failure, osthenio, etc. Il meens injury or complication which caused	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	tol Sept.	iemic ,			
	ANTECEDENT CAUSES		0	A Pancieas	me.	Few week			
	DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last,	any, giving sleling the		A CONSEQUENCE OF:					
	ONDEREING CONDITION JOSE		(c)			**********			
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL	488898444445888888889999		*************************************	70 (70000000 - 10000000000000000000000000000			
ERTIFIC	3 /2- // - 70. WAS PERF	ORMED TAU	VDICE CAUS		ON CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?			
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)		CE OF INJURY (e.g., in orm, foctory, street, off	er obout 21C. WHERE DID	(il In Boltimere	City, give exact location)			
MEDI	21 Do TIME (Month) (Dey) (Year) OF INJURY (APPROX.)	While A	URY OCCURRED	21F. HOW DID IN	JURY OCCUR?				
	22. I certify that (1) (this hospital)	Werk	WI AAOIK	11 17	19 70 to	12-15 70:			
	that (1) (we) lost saw the decease		/2 - /			lon death accurred on the date			
	ond hour and from the couses stated above (1) (We) (did) (did not) view the body after death.								
	23A. SIGNATURE LAND	. /	in mid Atten	ding Med.	Shaff	23R DATE SIGNED			
	23C.PHYSICIAN'S NAME (Type) VARAH	ORASUB 11	M.D.	3D, ADDRESS SOUTH BALTIM	ORE GEN. F	108 P. BALTO, Md.			
24/	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME	of CEMETERY OF CREA	MATORY 24D. L		, town, or county) (Stote)			
25/	DATE REC'D BY HEALTH DEPT.	25B. NAME OF RE	GISTRAL	250 FUNERAL DIRECTOR	sallo W	29			
L	DEC 28 1970			Dine	nt ling n	ADDRESS			

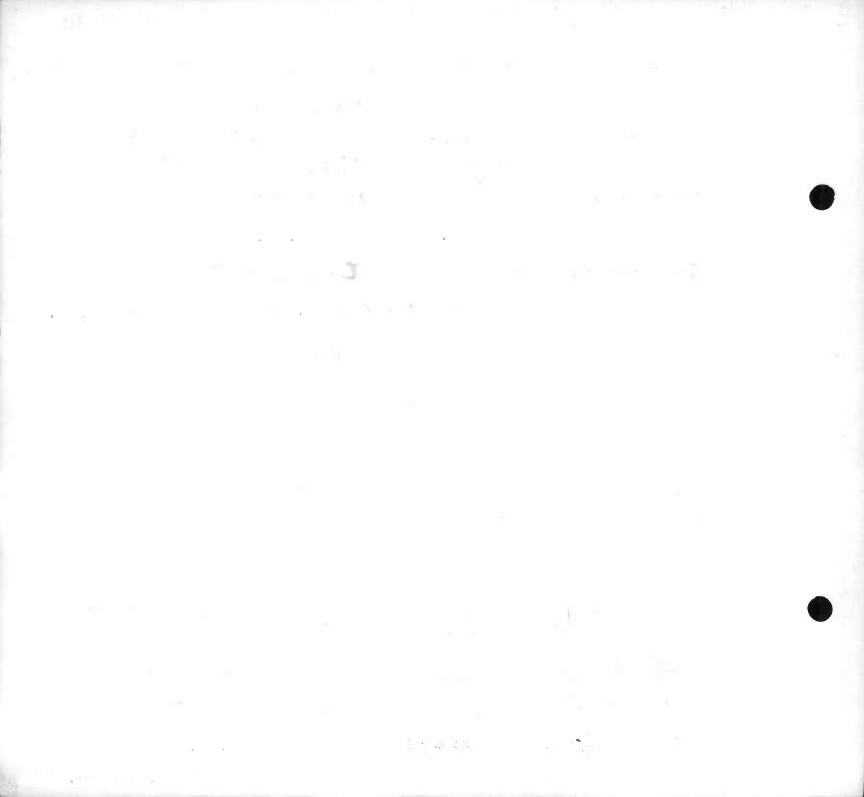


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55-7	78-11 TB ]	1				BALTIMORE CITY	HEALT	H DEPARTMENT		20 10=	en in
M	Chesses do		TH NO. 70	12532		CERTIFICA			REG. NO	70 125	32
,	S a d e	1. I (Ty	Pe or Print)	HN HENRY	1 ME	VERS 5	· ·	2. DATE AN	D HOUR OF DEATH	1 / 4	75 A
	nospita se of (5) Dec ance o death.	3.	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONC	UNCED DEAD		AL RESIDENCE (When	deceased lived. If	institution: residence	before odmission)
		H	ILL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION)	TUTION, GIVE STREET	Md		imore	SIDE CITY LIMITS?	5300
	l in a ng cau cause; attend ior to	1	0 /	Baltimore				l timore	J. 114		NO K
	70.=		5/	4940 Easte				ET AND NUMBER			
	butined ned lar	5	SEX	Baltimore,				l Oakleigh			
	occurre ontribut ermine regular eased p		Male	White	WIDOWED		12/25		9. AGE (In years lost birthday)	If Under 1 Yr. Manths Days	If Under 24 Hrs. Hours Min.
	ath in dec	dan	e during most of w	PATION (Give kind of work orking life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTI	IPLACE (Slote ar forei	gn country)	12. CITIZEN OF	WHAT COUNTRY?
	de Crit	13.	FATHER'S NAM				14. MOT	HER'S MAIDEN NAM	ΛE		
1	ant if direction on the lidispo	15	Was Dansard	Frederic					nia Dougla	IS	
	ssistant the di kind; death nnce on final di	(Ye	NO	Ever in U. S. Armed Ford (If yes, give war or dates	esf of service)	215-05-8844	BCH:	Records	4940 East Bal timore	ern Avenue Md. 2122	
0	his as Iso, if of any or ced or ed or			OR CONDITION DIR	ECTLY	CAUSE OF DEAT	1	C-201	1	APPROX	ONSET AND DEATH
	0 4 5 5 5 5		(This daes no	EADING TO DEATH I mean the mode of sthenia, etc. It means	dying, e.g.,	(A) IMMEDIATE CAU		UENCE OF:	A-RRO	-58. MU	V4 753
Pier CTOB.	miner. fractu		injury at camp	lication which caused NTECEDENT CAUSES	death.)	MESE	NT	Die FRT	ERV +HI	eneci	
5	exami exami 3) A fr who n reg		rise ta the	CONDITIONS, if a abave cause (A)	ny, giving sloting the	DUE TO, OR AS	A CONSE	QUENCE OF:	C 1 / / / / / / / / / / / / / / / / / /	Wrips. S	
2	licat cal cal ns; (3 ician ician ains		UNDERLYING	CONDITION last	-	(c)					***************************************
		ATION	TO THE DEATH	II CANT CONDITIONS CON BUT NOT RELATED TO TH NOTION GIVEN IN PART	FTERMINIAL	ASH)	PER	PHERAL	VASCELA	a disense	
T P D A L	chief chief gody the pysicic	Riffer	19A. DATE OF	OPERATION 198. COND	ITION FOR	WHICH OPERATION	20 A. A.	UTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSID USES OF DEATH?	ERED
ī	tal by a process the process the physical process the physical process the physical process the proces	<b>⋖</b>	21A. ACCIDENT OR CONTRIBUT DEATH (natify of	WAS UNDERLYING ING CAUSE OF	21B	PLACE OF INJURY (e.g., in	ar about	21 C. WHERE DID		re City, give exoct la	
	hospid hospid nature ept wid 1 (6) N	DIG	21 D. TIME (	Month) (Doy) (Year)		INJURY OCCURRED		21F. HOW DID INJU	JRY OCCUR?		
	o h cce nd rai		(APPROX.)		Wo				2		
	4 5 0 0 d			hat (D (this hospital)		he deceased from	2/20	1	9ta(2	/23	1970
	9-00-3	11 1		ast saw the deceased		134 23	19_	and tha	t In (my) (aur) opi	Inlan death accur	red an the date
	dent of death)		23A. SIGNATUR	fram the causes state	d abave. (I	(WE) (dld) (dld nat) v	ew the l	pady after death.			
	30.00		y on	~ Litle	re,	M - DEGREE Phys	oding _		Staff Phys.	238, DATE SIGNED	)0
	ifficate my was rel (1) An acc (2) A. at a l d prior to approval		23C. PHYSICIAN NAME (Typ	Ivens LaFlor	e M D	2	4940	Eastern Ave	nue	-1//	
	certificat body was vs: (1) An D.O.A. al ased pric	24A	BURIAL CREM	ATION, 248, DATE		AME of CEMETERY OF CRE	Balti	more, Md. 2	21224	ity town as asset 1	(\$1)
	E # 0 0 "	_	REMOVAL (Sp urial	12-26-7						ity, town, or county)	(Stote)
	This cer the bod shows: was D.G decease	-	DATE REC'D	Y HEALTH DEPT.	SB. NAME C	k Lawn Ceme	25C	UNERAL DIRECTOR	ltimore,	ADDI	
	ササルション			28 1970 04	Bert E.	Farber, M.D.	The	email.	foffme on		dson St.
		V2 :	50-REV, 1/1/68								



	3601	BALTIMORE CITY HEALTH DEPARTMENT
	c + s a + c c + c c + c c + c c + c c + c c + c c + c c + c c c + c c c + c	70 12536 CERTIFICATE OF DEATH REG. NO. 70 12536
	deat deat ease n th	THAME OF DECEASED  (Type of Print) EDER ANDREW MICHAEL 17 - 23-70
	oital and of death Deceased e on the	
	spita of O Dec ce o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission)  A. STATE  B. COUNTY
	den de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C., CITY OR TOWN  D. INSIDE CITY LIMITS?
	e 52,	SOUTH BALTIMORE GENERAL BALTIMORE YES & NO
	outing led ca ar at prio	HOSPITAL 1926 LIGHT ST
	occurred in ontributing ermined ca regular at	MALE WIDOWED DIVORCED 10 - 30 - 00 Is birthdoy
	E * = 0 E	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country)  12. CITIZEN OF WHAT COUNTRY
	5 7 D 45 %	Laborer Meat Co. Balto. Md. USA
	f dect control of the position	13. FATHER'S NAME
!	- 52 + 2	JOSEPH F. (Dec) LATABRINE COOK (Dec)
	assistant if the din ny kind; ed death lance on r final di	(Yes, no of unknown! (II yes, give wor or doles of service) SECURITY NO.
	Ssis Sis	No 215-09-4367 A Mrs. Josephine Eder 1926 Light St.
9	- 0 73 ^	CAUSE OF DEATH
	his lso, of a connection of a	LEADING TO DEATH
•		(This does not mean the made of dying e.g. (A)MMEDIATE CAUSE ACT DOS iS
9	acture pron mbalr	head foilure, asthenio, etc. It means the discose, injury or complication which coused death.)
	Kamine amine A fract A fract regula	ANTECEDENT CAUSES (B) DIABETES PRELLITUS.
1	xamixamix xamix xamix xho vho	DISEASES OR CONDITIONS, il ony, giving ise to the obove couse (A) stoting the
9		UNDERLYING CONDITION lost. (c) POST - OPERATIVE
_	- 3 2 . 9 8	
	0055225	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	chief g m Body the p ysicia	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED 12-18-70 CAPCINOMA RECTUM
	P + B + F & B	12-18-70 CARCINOMA RECTUM
		U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
	- H H H H H	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	>- 5 5 5 5	While At Work At Work
4	SE PX Eq	
	0000	The state of the s
	005-	that (1)((we)) ast saw the deceased alive an 12-23 19 70 and that In(my) (aur) opinion death accurred an the date and haur and from the causes stated obave. (1) (We) (did) (did not) view the body after death.
	ust be assed dent osspit deat must	23A. SIGNATURE 23B. DATE SIGNED
	must eleas ccide to do al mu	Affending Med. Staff A
	0 - 0 - 5	23C. PHYSI CLAN'S NAME (Type)  23D. ADDRESS
	certificate moody was related in a CC. An acc D.O.A. at a lased prior to a proval	ARTEMIO A. VILLAFANIA SOUTH BATTIMORE GENERAL HOSBITAL
	ENE DE	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	certi body vs: (1 D.O. D.O. ten a	Burial 12 26 70 Cathedral Balto. Md.
	This certife the body shows: (1) was D.O.A deceased written ag	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C_FUNERAL DIRECTOR ADDRESS
	11	DEC 28 1970 Robert E. Jacker R. 1 Mc Cully 130 E. Fort Ave.
		VS 150-REV. (7-17-68



BALTIMORE	CITY	HEALTH	DEPA	DTAMENIT
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BI	RTH NO. 7	0-188	24			- CONTINUENCO	CLICII	1107	112	OI.	DLA	REG. N	0		
T.	NAME OF DE						2. DATE		Known		Month	Day	Year	Hour	=
			RK A. C				DEAT	н	Estimoted	4 🗆					M.
						DUNCED DEAD	3. DATE				Month	Doy	Yeor	Hour	
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			PROI	NOUN	CED DEA	D	12	24	1970	12:55p	) M			
OR	INSTITUTION								DENCE (	(Where	deceased			before odmission	
South Baltimore General Hospital				A. STATI		Mary1	and		B. COUNTY	1	Uns	1			
6.	SEX	7. RACE		B. MAR			C. CITY					D. INSIDE	CITY LIMITS	101	_
n	nale	whit	e	WIDO	_	_		Bal:	to.				YES 🔀	No	
9.	DATE OF BIRT	H	10. AGE (I		If Un	der 1 Yr. If Under 24 Hrs.	E. STREI		NUMB	ER			162 [54	NO L	_
0	ct. 17,	1970	lost birthdo	γ}	Month 2	hs Doys Hours Min.		153	7 Lig	ht	S+				
	BIRTHPLACE (		in country)		12. C	ITIZEN OF	13. FATH			ill	DL.				
	Balt	to. Md.			W	VHAT COUNTRY?				3					
14A	USUAL OCCU	PATION (Giv	e kind of work	148. KINI	D OF B	USA BUSINESS OR INDUSTR	Y 15. MOI	LTI6	Cha	QWE_	LL				
don	eduring most of	working life, ev	en Il relired)			Sources on moosin					16				
16.	WAS DECEAS	ED EVER IN	IIS ADMED	FORCE	52	one 17. SOCIAL	18. INF	ail	Morr	is					
(Ye	No or unknown	(Il yes, give	vor or doles	ol service	)	SECURITY NO.						7500	ADDRESS		
-	19.							e un	adwe	1.1		1537	Light		
	79	5 XI				CAUSE OF DEA	TH							PPROXIMATE INTERV	
н	DISEASE OR CONDITION DIRECTLY														
	LEADING TO DEATH  (A)IMMEDIATE CAUSE Sudden Death in Infancy														
	(This does not mean the mode of dying, e.g., heart follure, osthenio, etc. if means the disease, injury or complication which coused death.)  (A) INVENDIGING CASE  (B) CASE  (CASE  (CA														
	Injury or cor	mplicollon whi	ch coused dec	oth.)											
		NTECEDENT				(B)									
	DISEASES	OR CONDITION	ONS, IF ANY	GIVING		DUE TO, OR	AS A CON	SEQUE	NCE OF:			************			
,	UNDERLYIN	NG CONDITI	ON LAST.	ING IHE		(0)									
Ô			11			(c)									
CERTIFICATION	OTHER SIGN	IIFICANT CON	II IDITIONS CO	ONTRIBU	TING										
Ѥ	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERM	INAL										
RT	20A. DATE OF	OPERATION	1 208. CON	IDITION	FORV	WHICH OPERATION W	AS PERFO	RMED					21 ALITA	OPSY? (Yes or No	1
Ö	21						- ILKI O	MILLE					21. AUIC		"
7	22A. EXTER	NAL CAUSE	WAS		22B. PI	LACE OF INJURY (e.g.,	in or about	1 220	WUEDE	DID (	( n D - lu	Cir		yes	
EDIC,	UNDERLYING	OR CON	TRIB-		home,	form, loctory, street, offic	e bldg., etc.	וטנאו	RY OCC	UR?	i in politimo	re City, give e	xoct location)		
	UTING CA		TH. oy) (Yeor	/ / / /	1 122	E INTRIAN OCCUPATION		005							
	OF INJURY	(moning (D	oy/ (reor	) (Hou		E.INJURY OCCURRED	WHILE	225.	HOWDI	נאו ם	URY OCC	UR?			
	(APPROX.)				m. W		ORK								
		Ify that I he	معامله		7	t									
			. /		_		topsy X			on thi	s basis,	death in m	y opinion		
	result	ted from: N	oturol cous	ses VX	Ac	cldent Suicld	le 📙	Homle	Ide 📙	U	ndetermi	ned monner			
	ACTUAL		1	15	1	16.		CHIE	F MEDIC	CAL EX	AMINER			DATE SIGNED	
П	SIGNATI	JRE	11	111	RAL	M.D	. AS	SISTAN	AT WEDI	CALEX	AMINER	X		DAIL SIGNED	
П	EXAMIN		Toid	oro N	(iba	lakis, M.D.	AS	SOCIA	TE MEDIC	CALEX	AMINER				
244	NAME (T			ore F									1	2-25-70	
REA	MOVAL (Specif	(v)	4B. DATE		24C	. NAME of CEMETERY	or CREMA	TORY		24D. L	OCATION	(City, tov	vn, or county	) (Stote)	
	Burial		L2 26 7	0		Glen Hav	en			G7	en Bu	rnie, M	id.		
254	DATE REC'D	BY HEALTH D	EPT.		AME C	OF REGISTRAR		. FUNI	FRAL DIR				ADDRESS		_
1	DE	C281	370 U	4 Beats	23	Tanking Phil	2 9	5	1	Me	Cully	13	O E. F	ort Ave.	
-						1		100							

VS 151-REV. 1/1/68

VECS! DV CECST OF THE STATE OF THE PUBLIC PROPERTY IN HERE · THE THE END , 1000

13	6311	70 12538  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  REG. NO. 70 12538	
	and aseth the	DIKIT IVO.	
	- 0 C N	1. NAME OF DECEASED  1. Type or Paint CLIFTON E. BRADFORD  2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH  2. DEC 1970 1 11:55 2	
	ospita of () Dec nce o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD    4. USUAL RESIDENCE   Where deceased lived, II institution: residence before admiss B. COUNTY	M sion)
	A 8 (5) B D	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATIONI  C. CITY OR TOWN  D. INSIDE CITY LIMITS?	
	E 3 4 .	SOUTH BALTIMORE GENERAL HOSPITAL BALTIMORE YES NO	
	uting ed cat ar att prior de.	43 RIVERSIDE AVE	
	contributing contributing letermined ca in regular at eceased prior on is made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 11 Under 1 1/2. If Under 24 Months Days Hours Mir	Hrs.
	direct or co direct or co i; (4) Undere th was in r in the dece	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country)  12. CITIZEN OF WHAT COUN  CAFE Lineman  Elec. Co.	TRY?
	if dect (4) U (4) U the	13. FATHER'S NAME	
Ż	direction of the control of the cont	CLAUDE Bradford MARY GROVE	
PORTANI	the the deal	13. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  UNKNOWN  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  HOSPITAL CHART	
0	s a red any or or	18. CAUSE OF DEATH  CAUSE OF DEATH  APPROXIMATE INTERV  BETWEEN ONSET AND DE	
¥	Also, if Also, if ounced attenda med or		
S.	tur.	(This does not mean the made of dying, e.g., heart foilure, asthenio, etc., it means the disease, injury or camplication which coused death.)  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:	*
CTC	xamine xamine 3) A frac who p who p	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:	
DIRECTOR	0 2 6 6	rise to the obove cause (A) stating the UNDERLYING CONDITION last. (C)	_
AL	ief medical a medical e ody burns; (3 ne physician sician was ii	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
4	a m ody he p sicia	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A-AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	•
FUNER	2 × 0 + 2 0		
	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	DEATH (notify medical examined) etc.)	
	hos natu	21D. TIME (Month) (Dayl (Year) (Hour) 21E INJURY OCCURRED  S (APPROX.)  While At Work  At Work	
	E E A K E E	22. I certify that (1) (this hospital) attended the deceased from 10 DECEMBER 19 70 to 22 DECEMBER 19 70	
	마수유교근리	that (1) (we) lost saw the deceased alive on 12 DECEMBER 19 70 and that in (my) (our) opinion death occurred on the d	ote
	dent dent ospit deat must	ond hour ond fram the couses stated abave. (1) (We) (did) (did nat) view the body after death.  23A. SIGNATURE	
	a to a ci	GANY G. Selaga M.D. Attending Med. Staff 22 DEC 1970	
	certificate body was r s: (1) An a D.O.A. at cased prior ten approv	23C. PHYSICIAN'S NAME (Type) GARY A, BELAGA, M. D. DEGREE	
	EB OF	REMOVAL (Specifyl 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, fown, or countyl (Stotel	-
		Burial 12 26 70 Crestlawn Howard Co. Md.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR (25C. FUNERAL DIRECTOR)  ADDRESS	
	This the show was dece	OFC 28 270 Pobe E. Jaber M. Mc Cully 130 E. Fort Ave	2.
		/S 150-REV. 1/1/08	=



Such

01	70 RTH NO.	12539		_		HEALTH DEPARTMENT	REG. NO	70	12539
1,	NAME OF DECE ype or Print)		ORGI		LES	2. DATE	AND HOUR OF DEATH	1/2.	3 00
3.	PLACE IN BALT	MORE MARYLAND,	WHERE PRO	NOUNCED DE	AD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. It	institution:	residence beloro admission)
H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR IN	STITUTION, GIV	E STREET	Md.		SIDE CITY	2631
	70 H	ouse in th	e Pir	nes		Baltimor E. STREET AND NUMBER		YES [	
5.	SEX	6. RACE	7. 44 6 00	En (E) Newson		8. DATE OF BIRTH	9. AGE (In years		lair Road)
	male	white	WIDOW		VORCED T	8/22/93	last birthdoy)		er 1 Yr. il Undor 24 Hrs. Doys Hours Min.
00	ne during most of W	orking life, even it refired)						12. CIT	TIZEN OF WHAT COUNTRY
	ACHINE (	Operator	Crown	Cork 8	& Seal	Ukrania			U.S.A.
		nknown				unknown	AME		
15. (Ye		ver in U. S. Armod Folli yes, give war ar dol Army WW 2		16. SOCIAL SECURI 220-07-	TY NO.	17. INFORMANGO17 Samuel F.Se			
-	ves	AIMY WW Z		CAUS	E OF DEATE			-	APPROXIMATE INTERVAL
		OR CONDITION D	RECTLY				- 11		BETWEEN ONSET AND DEATH
	This does not	EADING TO DEATH I mean the mode of sthenia, etc. It means	dying, e	L4 /	MEDIATE CAU	SE CONSEQUENCE OF:	Chemi		weeks
	injury or complication which coused death.)								
	ANTECEDENT CAUSES (B) Silit				Il instered	obstruction		weeks,	
	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last,				nd - all laren	A Black	lea	und	
_		11		-	Chia				
CERTIFICATION	DISEASE OR CO	ANT CONDITIONS CO BUT NOT RELATED TO I NDITION GIVEN IN PAI	HE TERMIN	AL CA	357000	Our Syram.	- dymana		yun
ERTIFIC	0	PERATION 198. CON WAS PER	FORMED	R WHICH OPER	ATION	20A. AUTOPSY? (Yes or N	10) 208. IF YES, WERE	FINDINGS USES OF	CONSIDERED DEATH?
CAL	21A. ACCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLYING DAUSE OF nedical examined	]	21 B. PLACE OF I	NJURY (e.g., in ary, street, aff	at about 21 C. WHERE DID	(If In Baltima)	re City, giv	re exoct lacation)
MEDI	21 D. TIME OF INJURY (APPROXI	Manth) (Doy) (Year)		While At	CURRED Not While At Work	21F. HOW DID IN	JURY OCCUR?		
	22. I certify th	not (I) (this bassite				- 5/	19 6/ ta	la	2/22/ 192
	that (1) (***) 10	st sow the deceose	d alive o	n	12/211	19.20 and t			th accurred on the date
					(dishapt) vi	ew the bady ofter death.	in (m), Amen's obs		secones du the date
	23A. SIQUATURE	-nn	1.11	,	Atten	ding Med.	Staff	238, DA1	SIGNED
.4	23C. PHYSICIAN NAME (Typ	S	uddu	7	GEGREE Phys.	Director L	Phys.	12/	22/10
24A	BURIAL CREMA	ATION, 248. DATE	24C.	NAME of CEM	OEGREE ETERY OF CRES	MATORY 24D. I	LOCATION (Ci	ily, lawn, o	or county) (State)
	Burial	12/24/	70	Morela	nd Mem	0170	Baltimore,	Md.	
2SA	DATE REC'D BY			E OF REGISTRAR		25C. FUNERAL DIRECTO	4 1		ADDRESS
Ve	DEC 2	0 H/U (168	18 E. V	arbey 148	1	Schemure	Suneral Tes	ne 333	81
4.9	150-REV. 1/1/68								

Code 198 N. H 583 4 Belain Rd. Admilled 4/30/61 27

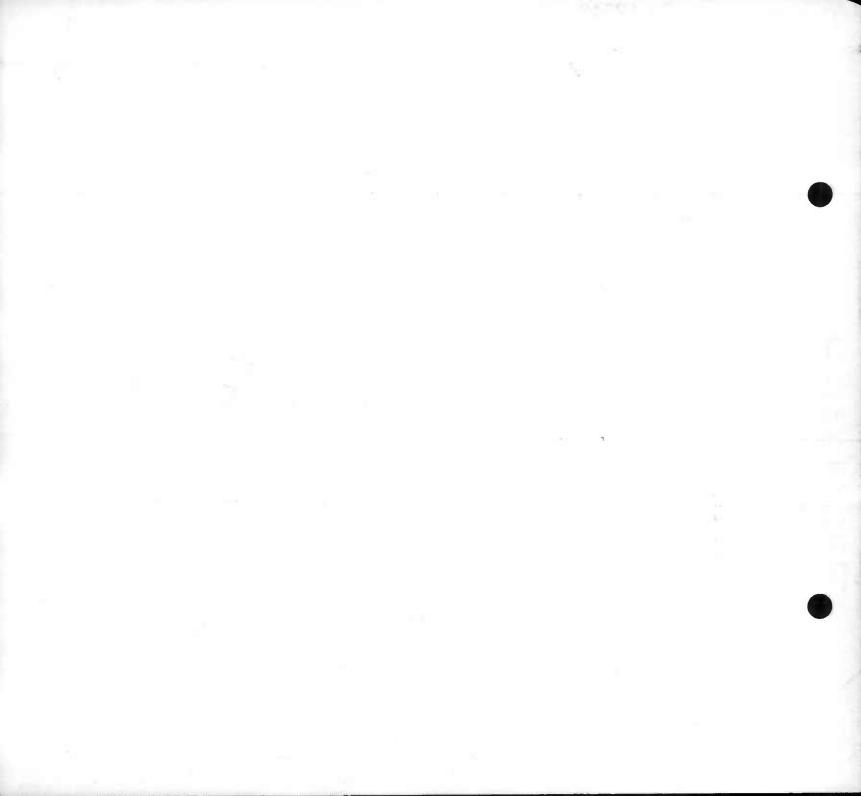
	BALTIMORE CITY	THEALTH DEPARTMENT REG. NO. 70 12540				
	BIRTH NO. 70 12540 CERTIFICA	TE OF DEATH REG. NO. 70 12030				
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
	HILDA VERONICA SPENCE	12/21/70 /:00 a. M				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	Md. 21205 2664				
>	אסודטדונצאו	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
	33 Johns Hopkins Hospital	Baltimore YES NO				
	Johns Hopkins Hospital	923 N. Janney Street				
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs.				
H	female white WIDOWED DIVORCED	10/11/1895 75 Manths Doys Hours Min.				
	tOA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY done during most all working life, even if retired)	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY				
	housewife at home	Maryland				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Lorenzo Triplett	Susan Winsor				
	15. Was Deceased Ever in U. S. Armed Forces?  Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 21237				
		Ruth Rathel, dght. 7930 Bridge Ave.				
	18. 4 / O T CAUSE OF DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH				
	(This does not mean the mode of dying e.g. (A) IMMEDIATE CAU	A CONSEQUENCE OF:				
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	CONSCIENCE OF				
	ANTECEDENT CAUSES (Atluo	ederatio (oranaus Orden Vagos				
Ш	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:				
H	nse Ia the abave cause IA) stating the UNDERLYING CONDITION last. (C)					
		and the second s				
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	O DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A-AUTOPSW (Yes of No) 20B, IF YES, WERE FINDINGS CONSIDERED				
	O O I HER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1218 PLACE OF INVERY (A).	20A- AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
- 14	On CONTRACT OF INJUSTICE OF INJ	or about 21 C. WHERE DID (If In Baltimore City, give exact location)				
	OR CONTRIBUTING CAUSE OF home, farm, factory, street, all	ice plage IMJOKT OCCOR				
1	21D.TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	(APPROX.)  White At   Not White At   Not Work   At Work					
	22. I certify that (1) (this hospital) attended the degessed from	Feb 1960 to Ale 1970				
	that (1) (we) last saw the deceased alive on Rec.	19 20 and that in(my) (our) opinion death accurred on the date				
	one hour and from the causes stated abave (1) (We) (did) (did not) vi					
	23 L. SIGNATURE	23B, DATE SIGNED				
	pegges Phys.	Inding Med. Shoff   /2/22/70				
-	John G. Orth, M. D.	Rosedale Medical Center				
	Dropre!					
	REMOVAL (Specify)  12 / 22 / 70					
	Burial 12/23/70 Moreland Memo					
	DFC 28 1970 Jobes E. Jaben K	Schimunek Funeral Home, Inc.				
1	S 150-REV. 1/1/68	3331 Brehms Lane				



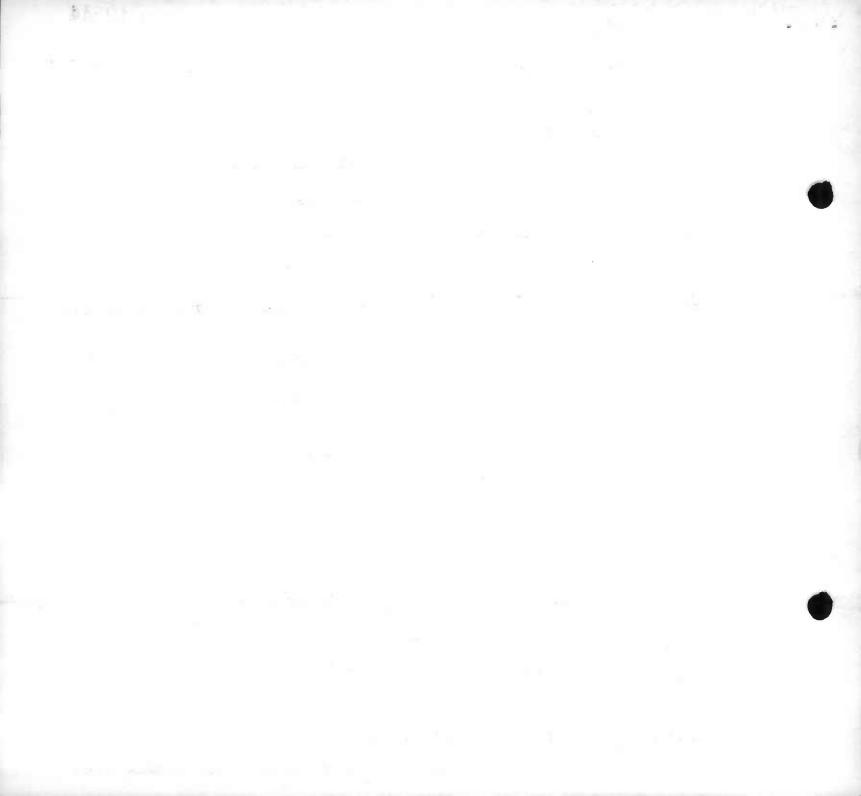




		70 12543	BALTIMORE CITY	HEALTH DEPARTMENT				
	BIR	TH NO. BACKOF	CERTIFICA	TE OF DEATH	REG. NO.	70_12543		
	1. N	NAME OF DECEASED	40	2. DATE AN	D HOUR OF DEATH			
		Back of a Hono	z //).	12	-13-7	6 10AM M.		
	3.	PLACE IN BALTIMORE, MARYEAND, WHERE PROP	NOUNCED DEAD	A. STATE R. COUN	e deceosed lived. If i	institution: residence before odmission)		
	HC	ILL NAME OF STATE OF IN HOSPITAL OR INS ADDRESS OR LOCATION)	TITUTION, GIVE STREET.	c. CITY OR TOWN	<u> </u>	602		
	JIN:	11 1 1		Baltimor		YES PO NO		
	C	Harbor View Nura	ny Center	E. STREET AND NUMBER	1 1			
	5. 5	0		2603 Kas	10.11	ont Avenue.		
	Ï	MARKIE	D NEVER MARRIED	S. DATE OF BIRTH	ast birthday)	Months Doys Hours Min.		
2	104	USUAL OCCUPATION (Give kind of work) 108, KIND		11. BIRTHPLACE (State or foreign	8/4+5	12. CITIZEN OF WHAT COUNTRY?		
	don	e duting most of working life, even if relired)	the s	Mayla		1/0		
	13.	FATHER'S NAME	110m	14. MOTHER'S/MAIDEN NAM	/ NE	165.		
2		George BA	ckor	KUNI	consol	(XON		
3	15. Yes	Was Deceased Ever in U.S. Armed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT	SUNDA	ADDRESS		
		No	Nove No.	Chart				
		18. 4/2,41	CAUSE OF DEATH	1		APPROXIMATE INTERVAL		
		DISEASE OR/CONDITION DIRECTLY LEADING TO DEATH		1-14	7	BETWEEN ONSET AND DEATH		
		(This does not mean the made of dving e.	G. (A) IMMEDIATE CAU	CONSEQUENCE OF:	mia			
		heart failure, asthenia, etc. It means the diseast injury ar camplication which caused death.)	ie,		2	send.		
		ANTECEDENT CAUSES	(a) arta	ioselsotic C	ardis Viscus	a		
		DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) stating the						
	UNDERLYING CONDITION last. (C)							
	z	OTHER SIGNIFICANT CONTROL CONTROL				,		
	АПО	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	L					
	CERTIFICATIO	19A. DATE OF OPERATION 198 CONDITION FO	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE	FINDINGS CONSIDERED		
	CERT	O	18. PLACE OF INJURY (e.g., in	as about 21 C. Wittens, DID				
	-	OK CONTRIBUTING LICAUSE OF	ome, form, foctory, street, off	ce bldg. INJURY OCCUR?	(It In Boltimo	re City, give exact location)		
	ā	21D-TIME (Month) (Day) (Year) (Hourd 2)	IE INJURY OCCURRED	21F. HOW DID INJU	BY OCCUPY			
	¥		While At Not While At Work					
		22. I certify that (I) (this hospital) attended		1///0	7 20_ta	12 /13 10 70		
	1	that (1) (we) last saw the deceased alive on	1. / -			inion death occurred on the date		
		and haur and from the causes stated above.	(I) (We) (did) (did nat) vi	ew the body after death.	, , , , , , , , , , , , , , , , , , , ,			
		23A. SIGNATURE				23 R DATE SIGNED		
		Holen dom folica voy	DEGREE Phys.		hys.	12-14-70		
		23C. PHYSICIAN'S NAME (Type)	2.0	BD. ADDRESS	-	. 1/		
2	24A	KOLENDO SA BU.	NAME OF CEMETERY OF CREE	MATORY 24D. LO	CATION / 10	racing from		
	(	MOVAL (Specify) 12-15-70 0	# 1		BANA	ity, town, or county) (Slote)		
	25A		OF REGISTRAR	25C EUNERAL DIRECTOR	WHI	ADDRESS		
		DEC 28 1970 Paber	E. Faber M.D.	10/25/	VANU HA	8802 HARVAIN K		
	VS 1	150-REV. 1/1/6B	, C					



244	BALTIMORE CITY HEALTH DEPARTMENT
7.00±	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH  REG. NO. 70 12544
Su	I NAME OF DECEASED
F de ce	WLADYSLAW WEGLICKI 12/2/12/4
10	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE !Where deceased lived, It institution: residence before admission!  A. STATE  B. COUNTY
dan	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Maryland
	C. CITY OR TOWN  Gould Home  C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?  NO
ri or	Baltimore YES NO
d p d d	5. SEX 6. RACE 7. AND THE SEX SEX SEX SEX SEX SEX SEX SEX SEX SE
rrib min gul sed	MARKIED NEVER MARRIED OF BIRIH 19. AGE (In years   If Under 1 %, If Under 24 Hrs.   If Under 1 %, If Under 24 Hrs.   If Under 24 Hrs.   If Under 1 %, If Under 24 Hrs.   If Under 24 Hrs
00 no	MIDOWED NI DIVORCED 3-II-I886 84
der der	To home
de de sit	13. FATHER'S NAME  Beth Steel Co Poland  14. MOTHER'S MAIDEN NAME
# 5€ ¥ ± sq s	Stephen Weglicki Janina
	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
sist he kin de de ce	
# 4 0 0 .	Mr. William Weglicki 6733 Danville Avenue    18.
8 B B B O	DISEASE OR CONDITION DIRECTLY
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE CLUE Purphy would be to be the second of the seco
bal	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  (A) MMEDIAIE CAUSE  (A) MMEDIAIE CAUSE  (A) MMEDIAIE CAUSE  (DUE TO, OR AS A CONSEQUENCE OF:
in i	ANTECEDENT CAUSES (Aut. )
2 A 4 5 5	DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:
	uise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)
dical cal cal icic icic	
ed bor hys n w	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
A CO D	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? IVes or No. 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
bo Bo	ac Control of Control
	OP CONTRIBUTION OF CITY GIVE exect legation
Ver Syd	DEATH (notify medical examiner)
_ 5 2 6	DEATH (notify medical examiner)  21D. Time IMonth) (Dayl IYeard IHous) 21E, INJURY OCCUR?  White At The Many Many Occurs IMONTH
o h n n tai	Work Al Work
	22. I certify that (I) (tiple hospital) attended the deceased from 19/0 to 12/2/19/0
15 to 16 to	that (1) (we) last saw the deceased alive on 12/20/19 25 and that in (my) (owe) apinion death occurred on the date
spired sp	and have and from the causes stated above. (1) (We) (did) (did not) view the body after deoth.
Po	Attending Med. Staff   238, DATE SIGNED   12/2//20
0 - 8 - >	23C. PHYSICIAN'S NAME (Type)  DEGREE Phys. Director Phys. 12/2//20
was An An pri	
E SO SE	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
ws: Ws: Dod	St, Stanislaus Cemetery, Baltimore, Maryland
rhis tho vas vas	25A. DATE RECO BY HEALTH DEPT.  25R. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  WALTER DABROWSKI 1005 DUNDALK AVENUE
	VS 150-REV. 17/68  WALTER DABROWSKI 1005 DUNDALK AVENUE VS 150-REV. 17/68
	rtificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital analy was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the edecased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc approval must be obtained before the remains are embalmed or final disposition is made.



, ,	1271	BALTIMORE CITY HEALTH DEPARTMENT	
K	45005	BIRTH NO. 70 12545 CERTIFICATE OF DEATH	_
,	death death eased on the	1. NAME OF DECEASED Coto, amas 2. Parte and Hour OF DEATH (Type or Print) & Coto, amas 355/p	ч.
	Do of	3. PLACE IN BALTIMORE, MARY AND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission A. SPATE 8. COUNTY	1)
	hosp use (5) danc dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OF TOWN ID. INSIDE CITY LIMITS?	
	0 2 0	( onvalescent, Pattionore YEST NO	
	d in a	Home 4601 Pall Mall Rd	_
	occurre ontribut erminec regular regular is made	S. SEX 6. RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months: Doys Hours Min.	i.
	occu ontrib ermir regul	MAJE WILDOWED DIVORCED 12/35/8/ 88 12. CITIZEN OF WHAT COUNTI	Y?
	E 0 # _ 0 E	done during most of working life, even it retired)	
	ded Unc as e d	13. FATHER'S NAME	
	if deat rect or (4) Unde was ir the de spositio		
Z	4. di	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	_
A	ssista the kind dea nce final	(Yes, no or unknown) (If yes, give war ar dotes of service) SECURITY NO.	
S	1 4 500 L	18. CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	-
MPORTAN	his of an or	DISEASE OR CONDITION DIRECTLY	П
≥	Als Als	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUE TO OR AS A CONSEQUENCE OF:	,
.:	er der der der der der der der der der d	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
CTOR	3 5 0 0 5	ANTECEDENT CAUSES  ANTECEDENT CAUSES  A facing a complete content of the content	
5	A fr	DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:	-
S. M	(3) (3) s	rise to the obove cause (A) stating the UNDERLYING CONDITION last. (C)	
5	ica ical ns; ns; as		-
AL	edice burn hys	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
N	dy dy he pe	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	_
Z		No No	_
E	tal by 2; (2) here No ph befor	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF tNJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR?  DEATH (notity medical examiner)  21B. PLACE OF tNJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR?	
	Q. g = ≥ B	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	hosinatured (6)	While At Work Not While At Work	
	こう × E t	22. I certify that (1) (this haspital) attended the deceased from Dec 1965 to Dec 22 1970	
	4 0 db	that (1) (we) last saw the deceased alive an 200 11 19 70 and that in (my) (aur) apinion death accurred on the de	ite
	sed to ant of apital eath)	and haur and from the causes stated above. (1) (We) (did not) view the bady after death.	_
	leased dident o hospita o death	23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Stoff	
	a d d d d	Attending Med. Staff Director Phys. Director Phys. Director Phys. Director	_
	as rate at at rior	23C. PHYSICIAM'S NAME Type:  On the standard of the standard o	21
	y was y was 1) An of 3.A. at d prio	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)	CA
	certific body w ws: (1) A D.O.A.	REMOVAL (Specify) (2/23/20) Obs Inspects Israel a Balto Md	
	" - 3 " o ±	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REDISTRAR 250 FUNERAL DIRECTOR	_
	This the show was deco	Sy DEC 28 1970 Robert E. Jaben KA: Sylvandewis ason 9610 Revotersland	6
		VS 150-REV. 1/1/6B	

3601 clark's La. Almitted 10/7/70.

Such

	70 12546 BALTIMORE CITY	HEALTH DEPARTMENT 70 12546
	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO.
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	Dolphus Hall	12/19/70 1 905 AM
	3. PLACE IN BALTIMOR, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission)  A. STATE  8. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN . D. INSIDE CITY LIMITS?
	South Baltimore Gen. Hosp.	Baltimore YES IN NO
9	7-	811 Glade Ct. Balt. Md. 21225
aisposition is made	5. SEX 6. RACE 7. MARRIED WIDOWED DIVORCED D	8. DATE OF BIRTH 9. AGE (in years   If Under 1 Yr. if Under 24 Hrs. Months; Doys Hours Min.
=	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIETHPLACE (Stale or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	Disabled Veteran	Vivginia USA
000	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
2	(deceased)	? (dec.)
	15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) [Ulf yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS
5	YRS ?	Hospital records
5	18. 23 0 91 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
Delline	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAL	ISE CHIC
	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	
	ANTECEDENT CAUSES	4 tension
3		A CONSEQUENCE OF:
- 1	inse la the above cause (A) stating the UNDERLYING CONDITION last (C) Chron	ic Renal Failure (K-W disease)
	_	
5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	tes mellitus
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
	WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATHY
Delore	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED  While At   New While At	n or about 21C. WHERE DID (II In Bailimore City, give exact location) injury OCCUR?
5	21D.TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
5	(APPROX.) While At Not While At Work	
5	22. I certify that (i) (this hospital) attended the deceased from	2/7 19 70 to 12/19 19 70
	that (I) (we) lost saw the deceosed alive on1214	19 70 and that In(my) (our) opinion death occurred on the date
	ond hour and from the causes stated abave. (1) (We) (did) (did not) v	
	23A, SIGNATURE	23B, DATE SIGNED
5	Aulo a Comper M DEGREE Phys	nding Med. Staff Phys. 12/19/70

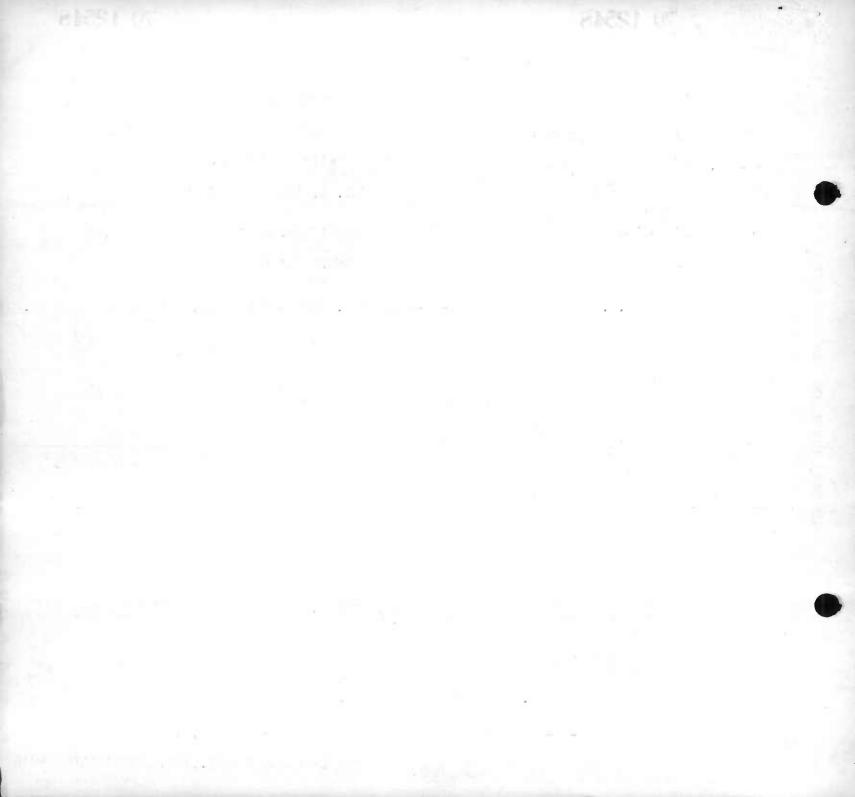
23D. ADDRESS SBG # DEGREE of CEMETERY OF CREMATORY 24 D. (City, town, or caunty) (State) 25C FUNERAL DIRECTOR DEC 28 1970 VS 150-REV. 1/1/68

₹

\$ (	3270 12547		TE OF DEAT	250 11	70	12542	
1. N	TH NO.  AME OF DECEASED  OF Print!  MOLLIE SCHWARTZ			CEMBER 21,		10	Α.
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE				A. M.
	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO	ON, GIVE STREET	MARYLAND		/	511	
	SPITAL OR ADDRESS OR LOCATION) TITUTION		C. CITY OR TOWN  BALT IMOR		INSIDE CITY L	IMITS?	
70	CHERRY'S GUEST NURSING HOME		E. STREET AND NUME				
5. S	MARKED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE IIn years	If Under		or 24 Hrs. Min.
	FEMALE WHITE WIDOWED	DIVORCED	DEC. 25, 190	7 62			
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BU during most of working life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	r foreign country)	12. CITI	ZEN OF WHAT	COUNTRY?
12	NEVER WORKED		BALTIMORE			USA	
13.							
15	BENJAMIN SCHWARTZ	SOCIAL	MARY DES	SER		ADDRESS	
(Yes	(no or unknown) (If yes, give war or dotes of service)	SECURITY NO.					
-	NO	CAUSE OF DEAT	MR. HERBERT	A. SCHWARTZ	, 1013 A	MERICAN I	
	DISEASE OF CONDITION DIRECTLY	CAUSE OF BEAT	0	H		BETWEEN ONSET	
	LEADING TO DEATH	(ANIMMEDIATE CAL	ISE MONAY	humuon	2	Low	
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc., it means the disease,						
	injury or camplication which coused deoth.)						
	ANTECEDENT CAUSES	(B)					
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) storing the	A CONSEQUENCE OF:					
	UNDERLYING CONDITION last.				,		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ( (A),	abites		wa			
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHI	20A. AUTOPSY? (Yes	or No) 20B. IF YES, V	VERE FINDINGS G CAUSES OF	CONSIDERED DEATH?		
CAL CE	21A, ACCIDENT WAS UNDERLYING 21B, PL, home, etc.	ACE OF INJURY (e.g., i form, foctory, street, o	n or obout 21C. WHERE C	DID (If in Bo	Itimore City, giv	ve exact lacotion)	
IQ.	21D. TIME (Month) (Doy) (Year) [Hour) 21E. IN	JURY OCCURRED	21F. HOW DI	D INJURY OCCUR?			
2	(APPROX.) While Work	At Work	° 🗆 🐧		.0		
	22. I certify that (1) (this haspital) attended the	deceased fram	My	19-D ta	Du	1970 19	),
	that (1) (ye) lost sow the deceased alive on	11/15/70	(19 /	nd that in(my) (चर्ण	) opinion dec	oth occurred an	the dote
	and hour and from the couses stated above. (1) (	(did) (did not)	riew the bady ofter de	eath.			
	23A. SIGNATURE MANAGEMAN		ending Med.	Staff Phys.	23 B. DA	VIVIT	7
	JOSEPH SHEAR	DEGREE	23D. ADDRESS 5/	NAI HOS,	VENUE VENUE	opp	
244	REMOVAL (Specify)	E OF CEMETERY OF CR	EMATORY 2	BALTIMORE,	(City, town,		(State)
254	DATE REC'D BY HEALTH DEPT. 258. NAME OF	REGISTRAR	250 FUNERAL DIR	COR PROC	6010 DET	ADDRESS	T DOAD
VS	150-REV. 17176B	ey R.D.	SUL LEVINS	SON & BROS.,	OUTU KEI	SIEKSIUWI	

THESI C

V\$ 150-REV. 1/1/68



25A. DATE REC'D BY HEALTH

VS 150-REV. 1/1/6B

25B. NAME

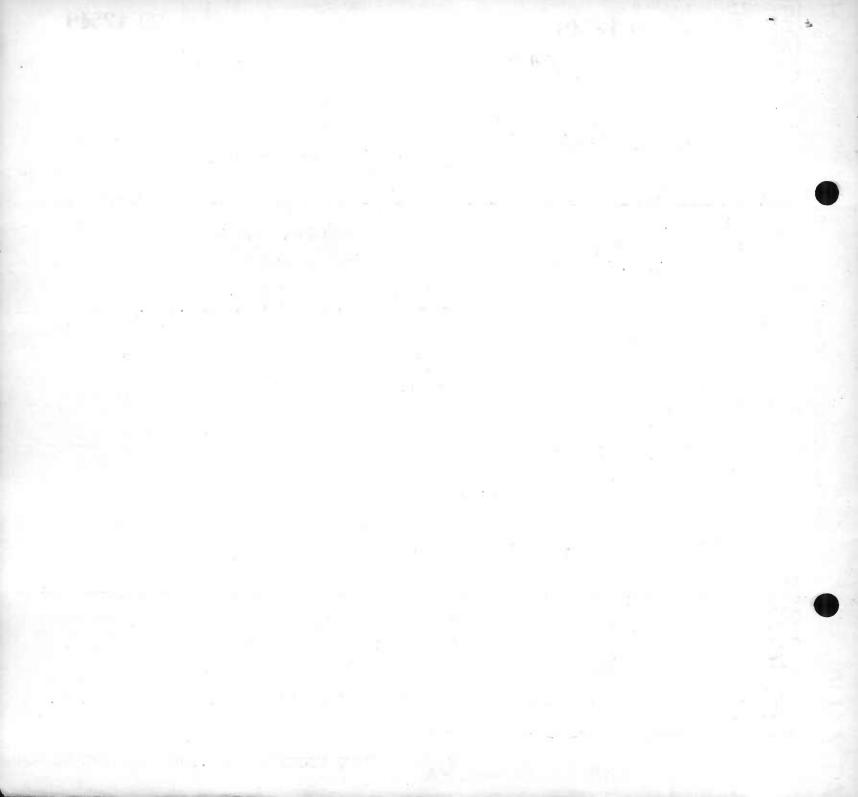
Such

- 111	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 70 12549	CERTIFICA	TE OF DEATH	REG. NO.	79 12549
1. NAME OF DECEASED (Type or Print)  ANNA EDLAVITCH			MBER 20, 1	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE HOSPITAL OR ADDRESS OR LOCATION)		A. USUAL RESIDENCE (Who A. STATE B. COUN MARY LAND	V TY	If institution: residence before admission)    3 0   INSIDE CITY LIMITS?
LAKE DRIVE NURSING HOME 2401 EUTAW PLACE		BALTIMORE E. STREET AND NUMBER 2401 EUTA		YES NO NO
5. SEX 6. RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (In years lost birthday) 76	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)  NONE  NONE  NONE	BUSINESS OR INDUSTRY	BALTIMORE MA 14. MOTHER'S MAIDEN NA		USA
	16. SOCIAL	SARAH FISH		ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO. 214-56-4742	1400 JOHN STRE	TH FACILIT ET, BALTO.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving	(A) IMMEDIATE CAL DUE TO, OR AS	EU MONTES (AT		BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION	UNDERLYING CONDITION		(c) /47 CU	(1)						
	OTHER SIGNIFICANT CONDITION THE DEATH BUT NOT REDISEASE OR CONDITION GIVE	LATED TO THE TERMIN								
	19A. DATE OF OPERATION	198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FINDS IN CERTIFYING CAUSES	RE FINDINGS CONSIDERED CAUSES OF DEATH?				
	21A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical exam	SE OF	21B. PLACE OF INJURY (e.g., in or home, form, factory, street, office etc.)	n or obout 21C. WHERE DID (If in Boltimore City, give exact location) ffice bldg., INJURY OCCUR?						
	21 D. TIME (Month) (Do OF INJURY (APPROX.)	ay) (Yeor) (Hour)	21E INJURY OCCURRED  While At Work  At Work	21F. HOW DID INJU	RY OCCUR?					
	22. I certify that (I) (this that (I) (we) lost saw the and haur ond from the co	e deceased alive	N 1	19 70 and tha	t in(my) (aur) apinian		the dote			
	23A SIGNATURE AZLUM	···	Attendic Phys.	Med. Director	Staff 23 B.	DATE SIGNED				
	tabellate tables.	URION ALBU	MUSURIANE MI)	7935 PIPERS	PATH, KK GLEN	BURNIE, MD	•			
24/	REMOVAL (Specify)		C. NAME OF CEMETERY OF CREMA		LTIMORE, MARYI	wn, or county)	(Stote)			

SOL LEVINSONUS

BROS.,6010 REISTERSTOWN





12551

K460

70 1255 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ...

010		X5/	WED	ICAL	. EX	AMINER'S	LEKITE	CAIE	)F	DEAT	H REG.	NO. /U	LCJI	) K
I. NAME OF DECEASED (Type or Print) Harold Paschall Keller							2. DATE OF DEATH	Known Estimated		Month	Doy	Yeo	er Hour	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							3. DATE			Month	Day	Yec	r Haur	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION								ESIDENCE (V		12 leceased li	14	70	12:	M.
rear of 1800 W. Mulberry St.							S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)  A. STATE Washington, D.C.  B. COUNTY							
6. SEX 7. RACE 8. MARRIED NEVER MARRIED							C. CITY OR	TOWN			D. INSID	DE CITY LIMIT		
male   white   widowed   Divorced						C CIBELL	AND MILLER	D			YES L	№ 🔽		
9. DATE OF BIRTH 3-23-22  10. AGE (In years   10. In years   10. AGE (In years   10. A						5707 Ridgefield Rd.								
11. BIRTHPLACE (State or foreign country)  New Jersev  12. CITIZEN OF  WHAT COUNTRY?						13. FATHER'S NAME Eustace F. Keller								
14A don	USUAL OCCUI during most of w	orking lile, ev	ekind of work en if rellred) neer	14B. KINI	OF B	USINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN		973	15			
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCE	5?	17. SOCIAL	18. INFOR	TAAN				ADDRESS		
(Yes	, no or unknown)	(II yes, give v	var or dates	ot service	"	SECURITY NO.	Mrs.	Lillia	an i	Ke116	er	(e.)		
	19. 4 - 7	10				CAUSE OF DEA	TH							ET AND DEATH
		OR COND		CTLY			Fat	tu alta	rot.	ion of	F 11376			
		LEADING TO of meon the		Ina. e.a.		(A) IMMEDIATE C	AS A CONSEC	Ly alle	Lat.	LOII O	LILVE	- A.		
	heart lollure,	asthenia, etc	. It means the	disease,		DUE 10, OK	AS A CONSEC	DENCE OF						
				,										
		NTECEDENT		CIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:						
	RISE TO THE	OR CONDITION	USE (A) STA	TING THE		501 10, 0K	A3 A 60113E	QUEITGE OIT	4					
Z	UNDERLYING CONDITION LAST.													
ĕ	OTHER CICA	UEICA NIT COL	II	ONITRICLE	TIMO									
일	TO THE DEA	IFICANT COI	RELATED TO	THE TERA	AINAL									
CERTIFICATION		CONDITION			-	WHICH OPERATION W	AS PERFORA	REORMED 2					. AUTOPSY? (Yes or No)	
뜅	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W												yes	
¥	22A. EXTERI	NAL CAUSE	22B. P	LACE OF INJURY ( g.,	In or obout	22C. WHERE I	DID (II	In Baltima	re City, giv	re exact location	on)			
MEDIC/	UNDERLYING UTING CA	OR CON	TRIB-		home,	farm, factory, street, offic	e bldg., etc.) l	NJURY OCC	UR?					
2	OF INJURY (APPROX.)	(Month) (E	Doy) (Yea	r) (Hou	.		WHILE	22F. HOW DI	ונאו ס	URY OCC	UR?			
н	23.				m. w	ORK AIV	YORK L							
	1 cert	Ify that I h	eld an I	nqulry		Inspection Au	topsy 🔽	and that	on thi	s basis,	death Ir	my opinio	n	
	result	ed from: N	latural cau	ses 🗓	Ac	cldent Suici	de H	omicide 🔲	U	ndetermi	ined man	ner 🗌		
	CHIEF MEDICAL EXAMINER											DATE (	SIGNED	
	ACTUAL SIGNATURE MANA M.D.							ASSISTANT MEDICAL EXAMINED					DAIL	NOMED
	EXAMIN	ER'S			1		ASSO	CIATE MEDI	CAL EX	AMINER			10/11	/70
NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner 12/16/70														
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)									(State)					
Burial 12-22-70 Gettysburg National Gettysburg Pa.														
25A, DATE REC'D BY HEALTH DEPT.   25B, NAME OF REGISTRAR   25C, EUNERAL DIRECTOR   ADDRESS														
DEC 28 1970 Public E. Jaber R. A. Primpittey, P. A. Bethesda, Md.								10.						
VS 151-REV. 1/1/68														

P412 70 12552
BIRTH NO.

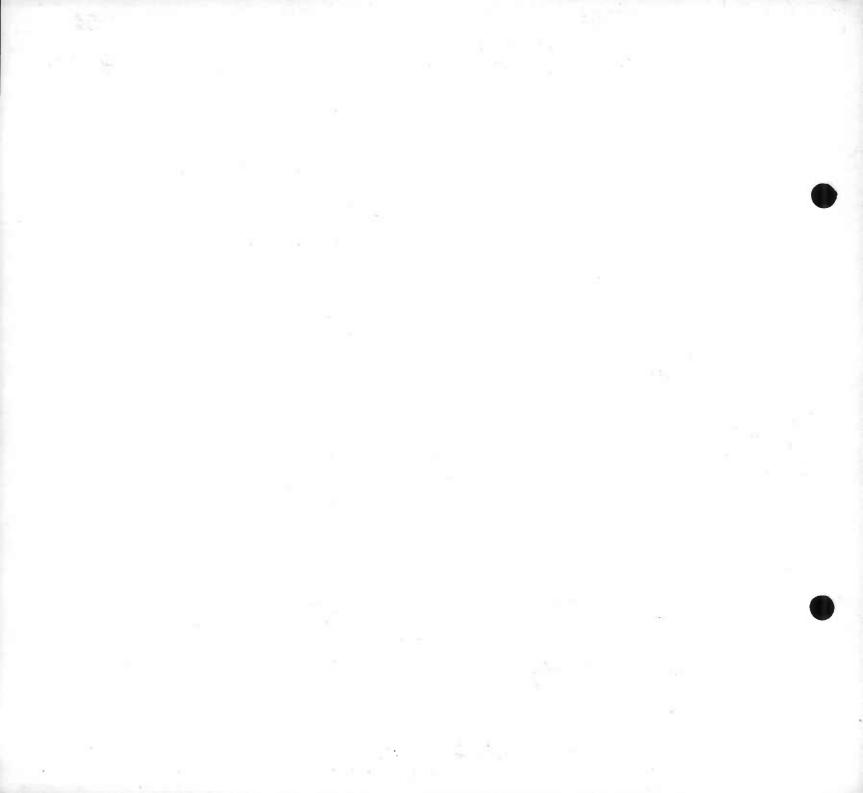
MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

70 12552 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 12552								
I. NAME OF DECEASED	2. DATE Known Kl Month Day Year Hour								
(Type or Print)	OF								
	DEATH Estimoted								
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour								
OS ARTIFICATION HOSPEAN OR INSTITUTION CIVE STREET DOCTOR INSTITUTION OF THE PROPERTY OF THE P	PRONOUNCED DEAD 12 26 70 5:00 p M.								
44 Union Memorial 1-6-71	S. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission) A. STATE  B. COUNTY  Maryland								
S. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?								
male white widowed divorced	□ Baltimore YES 🔀 NO 🗆								
D. DATE OF BIRTH 27 2-23-1913  10. AGE (In years I funder 1 Yr. If Under 24 H Months Days Hours M	1643 Heathfield Rd.								
1. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME								
Baltimore, Maryland WHAT COUNTRY?	Levin Phillips								
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUS	TRY 15. MOTHER'S MAIDEN NAME								
one during most of working life, even if retired)	Corretol Recharge								
tet d Burburban Chev.	DOCTIL CL								
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL Yes, no or unknown) ((II yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRESS								
4. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown)(II yes, give wor or dotes of service) Yes WWII  220-20-1	097 Mrs. Donald L. Phillips Same								
[19. / / CAUSE OF D									
The state of b	BETWEEN ONSET AND DEATH								
DISEASE OR CONDITION DIRECTLY	iosclerotic cardio <sup>v</sup> ascular disease								
LEADING TO DEATH	coscierotic cardio ascular disease								
(This does not mean the mode of dying, e.g.,	PR AS A CONSEQUENCE OF:								
heart follure, asthenia, etc. It means the disease.	A A CONSEQUENCE OF								
Injury or complication which coused death.)									
ANITCEDENT CALLERS									
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO, OR AS A CONSEQUENCE OF:									
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OK AS A CONSEQUENCE OF:								
UNDERLYING CONDITION LAST.									
OTHER SIGNIFICANT CONDITIONS CONTRIBITING									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL									
DISEASE OR CONDITION GIVEN IN PART 1 (A).									
20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED  21. AUTOPSY? (Yes or No)								
D CONDITION ON WINGING EXAMENT	yes yes								
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.	g., in or obout 22C. WHERE DID (It in Baltimore City, give exact location) files bidg., etc.) INJURY OCCUR?								
UNDERLYING OR CONTRIB-	Hice bidg., etc.) iNJURY OCCUR?								
☐ UTING ☐ CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22E, INJURY OCCURRED 22F, HOW DID INJURY OCCUR?									
OF INJURY									
	OT WHILE T WORK								
23.									
1 certify that I held an Inquiry Inspection — Autopsy I and that on this basis, death in my opinion resulted from: Natural causes I Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER									
								ACTUAL WEYER TO THE	ASSISTANT MEDICAL EXAMINER DATE SIGNED
									A.D.
								EXAMINER'S	Deputy Chief Medical Examiner 12/26/70
NAME (Type) Werner U. Spitz, M.D.									
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify)	RY or CREMATORY 24D. LOCATION (City, town, or county) (State)								
Burial 12-30-1970 Woodlawn (	Cemetery Woodlawn Balto.Co., Md.								
	25C. FUNERAL DIRECTOR ADDRESS								
DEC 28 1970 Paber E. Jaber, Ra? PHOW Jenkins & Sons Co. 21212									
S 151 PEV 3/1/48	470) TOLK WORD DATED. Md.								

SCCS LOS DE LES CONTRACTOR DE LA CONTRAC



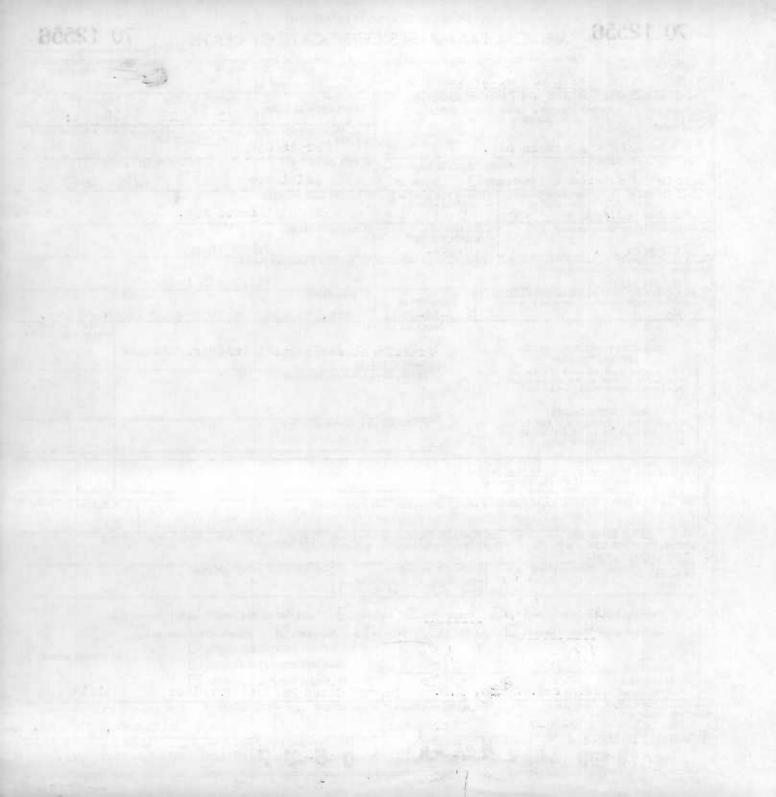
VS 150-REV. 1/1/6



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100	LOFFO	BALTIMORE CITY HEALTH DEPARTMENT	
10	12556	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	-

116-	70 12	2556	MED	ICAI	L EX	AMINER'S	CERTIFI	CATE	OF D	EATH	H REG NO	70 :	1255	6
	RTH NO.										**CO: 110:=			
	NAME OF DEC	1	Ellen Ma	ae Ma	rri	ott	2. DATE OF DEATH	Known Eslimote		Aonth	Doy	Year	Hour	м.
4.			ARYLAND, W	HERE P	RONO	UNCED DEAD	3. DATE		A	Aonth	Doy	Yeor	Hour	144,
FUI HO OR	L NAME OF SPITAL INSTITUTION	(IF NO	OT IN HOSPITA RESS OR LOCA	LORINS	דוזעזוכ	ON, GIVE STREET		UNCED DE		12	21	70	6:40	L M.
6	00	4800	Alhambi	a Av	re.		I A CTATE	iarylan			ed. If Institution	: residence	Defore odmis	sion)
6.	SEX	7. RACE		8. MARI	RIED	NEVER MARRIED	C. CITY OR	TOWN			D. INSIDE CI	TY LIMITS?		
f	emale	color	ed	WIDOV	NED [	DIVORCED [		Baltin	nore		YE	s 🗵	No 🗆	
	ovember		10. AGE (in lost birthday	yeors	If Un Month	der 1 Yr. If Under 24 Hrs. Is a Days a Hours a Min.	E. STREET	4800 A		ra Av				
11.	BIRTHPLACE(S	State or lare			W	TIZEN OF HAT COUNTRY?	13. FATHER	'S NAME						
	altimore			48 MINIE	05.0	U.S.A.	416 416 7116	nie Walne	James	s Thor	nas			
don	USUAL OCCU during most of v	working lile, e	ven if retired)	4D. KINE	OF B	USINESS OR INDUSTR	115. MOTHE	K'S MAIDEI	NAME					
	House								Eliza	abeth	Nelson			
16.	WAS DECEAS	HO EVER IN	WOT OF GODES	FORCES	5?	17. SOCIAL SECURITY NO.	18. INFOR	TAAN			AI	DRESS		
	No				<b>'</b>	213-14-2933	Mts.	Virai	ina Te	errv	4800	Alhanh	ra Ave	
	19. 4	24				CAUSE OF DEA						AF	PROXIMATE IN	ITERVAL
	(This does n heart lailure injury or con	LEADING T not mean the c, osthenia, ei mplication wh	mode of dyl c. It means the lich coused dea	ng, e.g., disease, ih.)		(A)IMMEDIATE (DUE TO, OR		UENCE OF:		scula	ar disea	ase		
z	UNDERLYIN	NG CONDI	TION LAST.			(c)								
CERTIFICATION	TO THE DEA	ATH BUT NO	II PADITIONS CO T RELATED TO I GIVEN IN PA	HE TERM	UNAL									
ERT	20A. DATE OF	F OPERATIO	N 20B. CON	DITION	FOR V	VHICH OPERATION W	AS PERFORM	ED				21. AUTO	PSY? (Yes o	r No)
Ö	0											no		
EDICAL	UNDERLYING		TRIB-		22B. Pl home,	ACE OF INJURY(e.g., farm, factory, street, offic	In or obout 2 bldg, etc.)	2C. WHERE	DID (If In	Ballimore	City, give exac			
Σ	UTING CA		Doy) (Yeor	(Hou	1 22	E.INJURY OCCURRED	12	2F. HOW D	IO INTUR	V OCCIII	22			
	OF INJURY (APPROX.)			(1.50	* 1	HILE AT NOT	WHILE ORK		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	l cert	Ify that I I		quiry	-		topsy 🗌	and that	t on this	basis, d	eath in my	opinion		
	result	ted from: 1	Natural caus	os X	Ac	cident Suicid	le 📙 Ho	micide _	Und	leterning	ed manner [	]		
	ACTUAL		llen	1		(A) M.	ASSE	CHIEF MEDI					DATE SIGN	(ED
	EXAMINI NAME (T	ER'S	erner U	. Spi	itz,	10	•	CIATE MEDI	ical exal	MINER [	iner	12	/21/70	)
24/ RE/	MOVAL (Specific Buria)	MATION, fy)	24B. DATE 12-28-	70	24C	NAME of CEMETERY	or CREMATO		24D. LOC		(City, town,			
25.4					10165	Mt. Auburr					Baltir		P	ld.
232	DEC.	28 197	00	25B. N	SAL.	F REGISTRAR		V-ELIZ	****	1 Law	802 Ma	odress adison	Ave.	
VS	151-REV. 1/1/68	3												-



14324	70 12557  BALTIMORE CITY HEALTH DEPARTMENT  70 12557
and ath the	BIRTH NO. CERTIFICATE OF DEATH
0 0	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH  1. D. 2. S. 1927
of of Dece	186. 20.1110
n a hospit cause of use; (5) De tendance	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  D. INSIDE CITY LIMITS?
ing care	6 Lutheran Hospital Estreet and number 1505 Braddish Aug.
occurre ontribut ermined regular	5. SEX 6. RACE 7. MARRIED EVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) 10. 00. 90
r c det	done during most of working life, even if retired)  12. CITIZEN OF WHAT COUNTRY?
8 C 2 8	
Adirect (4) U(4) Wa	John Mitchell  Sallie Parker
MPORTANI his assistant iso, if the die of any kind; (	To sho or unknown   Uf yes, give wer or doles of service)   16. SOCIAL   17. INFORMANT   Samuel Mitchell   SECURITY NO.   17. INFORMANT   Samuel Mitchell   Security No.   17. INFORMANT   Samuel Mitchell   Security No.   18. Social   18. So
S ass if t any l	LIS. CAUCE OF DEASY
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
iner ner. actur	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
IRECT( I exam exami (3) A fr in who	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:  1 prise to the above couse (A) stating the
D is is a local city of city	UNDERLYING CONDITION last (c)
f medical y burns;	TO THE DEATH BUT NOT RELATED TO THE TERMINAL  S DISEASE OR CONDITION GIVEN IN PART 1 (A)
chief roy a m Body the p	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F 410 5	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg., INJURY OCCUR?
hos natu	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Work At Work
	22. I certify that (I) (this hospital) attended the deceased from 19 10 to 19 19 10 19
	that (i) (we) lost sow the deceased alive on
nust be a leased to ident of hospital	ond hour ond fram the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth.  23A. SIGNATURE  23B. DATE SIGNED
ele Cricia	Attending Med. Soff X
body was r	23C. PHYSICIAN'S NAME (Typol  HANDOW H RUSTON GRACE  24A. BURIAL CREMATION, 124B. DATE  124C. NAME OF CEMETERY OF CREMATORY
44-	
bod D.S.	Burial 12-31-70 Arbutus Memorial Park Baltimore, Maryland
This certify the body shows: (1) was D.O.	Burial 12-31-70 Arbutus Memorial Park Baltimore, Maryland  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR Mary-Ligabeth Law 802 Madison Ave.
	VS 150-REV. 1/1/6B

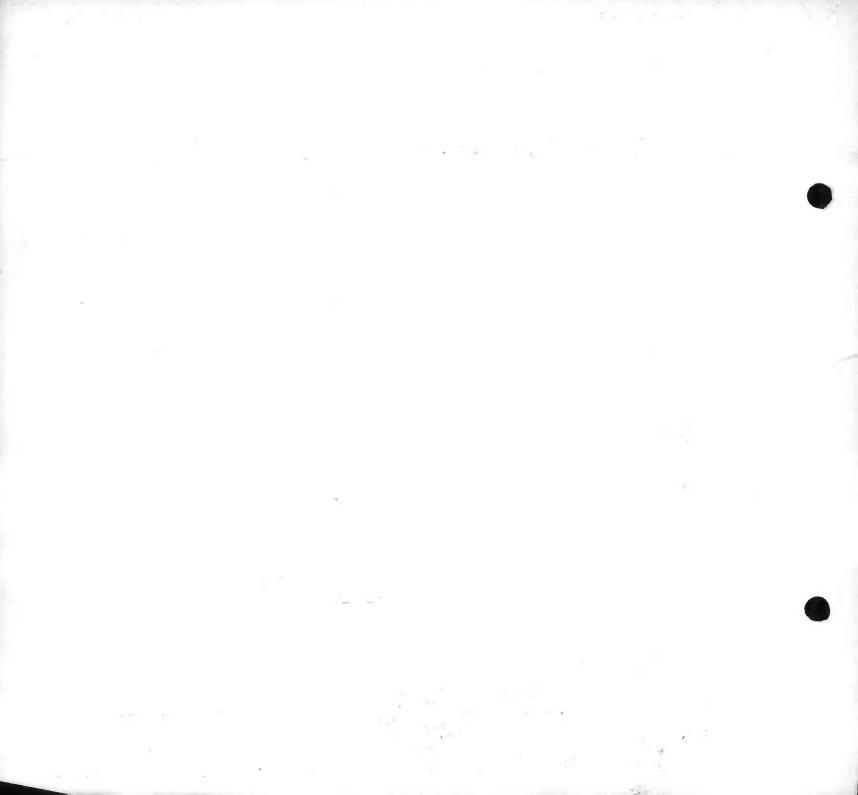
\*\* . . # . . #\* , . PLS 7-31 Harry In The AA THE STATE OF THE S

## BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH
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70 12 BIRTH NO.	558 M	EDICAL	EXAMINER'S			DEAT	H REG. NO.	70 1	2558
I. NAME OF DEC	EASED DAV	ID N. MC	DUFFIE	2. DATE OF DEATH	Known Z. Estimated	Month Decen	Doy nber 24,	Year 1970	Hour M.
4. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION		SPITAL OR INS	RONOUNCED DEAD TITUTION, GIVE STREET		INCED DEAD		ber 24,		9:20 A. M.
00:	1930 East 3	30th St.		A. STATE	Maryland		B. COUNTY	: residence	before admission)
s. sex Male	7. RACE Negro	8. MARI	RIED NEVER MARRIED X	C. CITY OR	TOWN Baltimor	e	D. INSIDE CI	S A	
DATE OF BIRT	H 10.AC	GE (in years rthdoy)	If Under 1 Yr. II Under 24 Hrs. Months   Days   Hours   Min.	E. STREET A	ND NUMBER		Į YE	3 🗀	но Ц
	tate or foreign count		12. CITIZEN OF WHAT COUNTRY?	13. FATHER					
4A.USUAL OCCU	Pines, N. PATION (Give kind of yorking life, even if ret	work[14B. KINI	U.S.A.  OF BUSINESS OR INDUSTR	Y 15. MOTHE		AE .	16		
Soldier  6. WAS DECEAS Yes, no or unknown)	ED EVER IN U.S. AF	MED FORCE:	17. SOCIAL SECURITY NO. 213-28-2743		Annie Cr Annie C. M	. 30th		DRESS	
(This does no heart lollure injury or con Af DISEASES (RISE TO THE UNDERLYIN)  OTHER SIGN TO THE DE	E OR CONDITION I LEADING TO DEAT. of mean the mode of ostherio, etc. It mean plication which couse NTECEDENT CAUSE DR CONDITIONS, IF E ABOVE CAUSE (A) IG CONDITION LA IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	H of dying, e.g., ns the disease, id deoth.)  S F ANY, GIVING S SITATING THE SST.  S CONTRIBUT D TO THE TERM	(B) DUE TO, OR (C)	lerotic CAUSE AS A CONSEQ	JENCE OF:	scular	disease	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
DISEASE OR	CONDITION GIVEN	IN PART 1 (A)	FOR WHICH OPERATION WA	AS PERFORM	Ð				PSY? (Yes or No)
UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23.	NAL CAUSE WAS OF CONTRIB- USE OF DEATH. Month) (Doy)	(Year) (Hou	m. WHILE AT NOT AT W	e bidg., eic.) IN	F. HOW DID INJ	URY OCCI	IR?	t location)	es
ACTUAL SIGNATU EXAMINI NAME (T	IRE Charge	causes A	Accident Suicide  M.D.  Springate, M.D.	ASSO	HIEF MEDICAL EXTANT MEDICAL EX	Indetermin KAMINER KAMINER KAMINER	med manner	j	<b>DATE SIGNED</b> 24, 1970
EMOVAL (Specif	12-2	29-70	Mt. Auburn Ce	metery	Bal		, Maryla		
S ISI-REV. 1/1768	BY HEALTH DEPT.		AME OF REGISTRAR	25C. F	chall W.	R1735 Jones,	Harford Jr.	AVE.	21213

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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

6km Suran Parker (net) Drugs Yeater Harth Corolina John Golina MERHERRICH 213.12-2358 Maybert L. Food Bugher) Sometilet

Burn! Decrete Medewidge How Port Strafe 1893 11

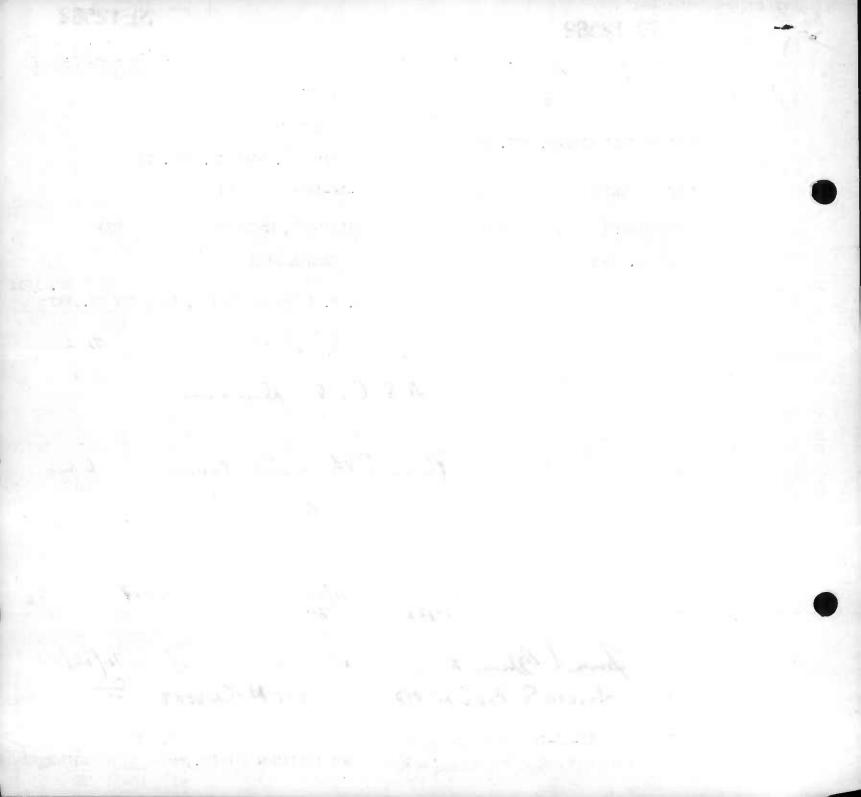
IMPORTANT

DIRECTOR:

FUNERAL

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VS 150-REV. 1/1/6B



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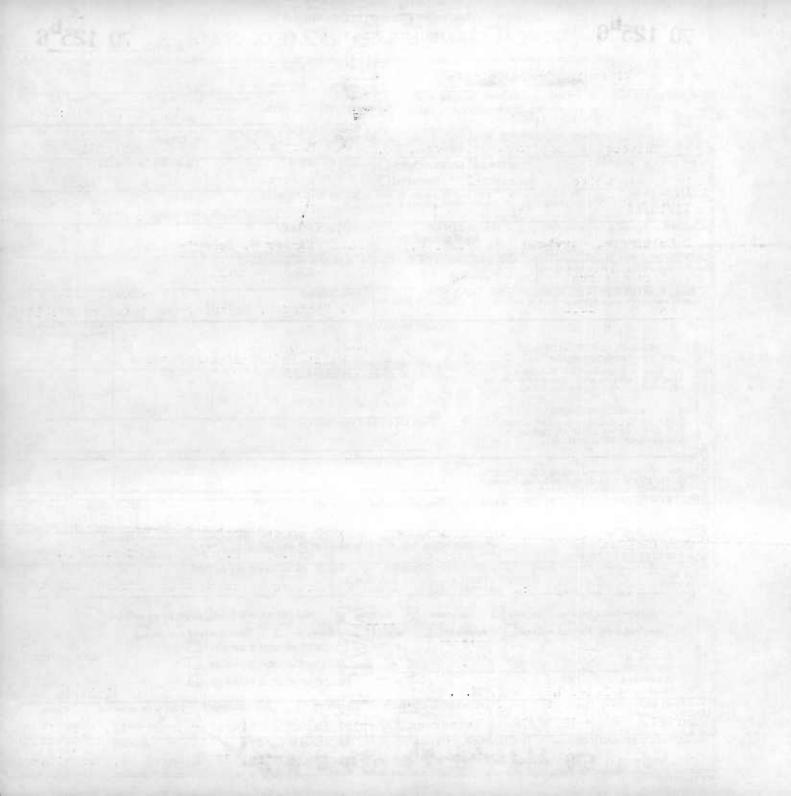
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Mark agent to track the same in the same i

BAITIMORE	CITY HEAL	TH DEPARTM	ENT

BIF	70 125 6 TH NO. /2566	MEDICA	BALTIMORE CITY HE			DEATH	REG. NO.	70 1	25 <sup>b</sup> 6
1.	NAME OF DECEASED	t Ambrose I	DePaula	OF	nown 2	Month	Day	Year	Hour
FUL	PLACE IN BALTIMORE, MA L NAME OF (IF NO SPITAL ADDRI		RONOUNCED DEAD STITUTION, GIVE STREET	3. DATE PRONOUNCE	D DEAD	Month 12	26	Yeor 70	Hour 10:25 a
OR 3	INSTITUTION		Baltimore, Md.	5. USUAL RESIDE A. STATE Ma	NCE (Where ryland		d. If institutions	carro	pelore admission)
6.	EX 7. RACE	8. MAR	RIED NEVER MARRIED	C. CITY OR TOW	IN		D. INSIDE CIT	Y LIMITS?	
	le whit		WED DIVORCED	11	stead		YE	s 🗆 1	NO 🗵
	11/10/15	10. AGE (In years last birthday)	H Under 1 Yr. H Under 24 Hrs. Months Days Hours Min.	Rte.	11 -1	Capehor	n Road.	2107	74
11.	Baltimore, I		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NA					
I4A done	USUAL OCCUPATION (Giver during most of working life, even Referee Spor	en frettred)	O OF BUSINESS OR INDUSTRY		na M. C				
16.	WAS DECEASED EVER IN	U.S. ARMED FORCE	S? II7. SOCIAL	18. INFORMANT			112 (AP	DRESS	Drive
	NO NO -	mar or agies of service	security No.	Mr. Vict	or C. D	ePaula	, Reist	erstow	m, Md. 21136
CERTIFICATION	LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, astheria, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								PSY? (Yes or No)
CAL	22A. EXTERNAL CAUSE UNDERLYING OR CON	TRIB-	22B. PLACE OF INJURY (e.g., home, farm, lactory, street, office	in or about 22C. W	HERE DID (I	f in Baltimore	City, give exac	yes	5600
MEDI	UTING CAUSE OF DEA		street  r)  22E.INJURY OCCURRED	22F. H	OW DID INJ		nmount	Churc	n Ka.
	OF INJURY (APPROX.) 10 19		MHILE AT NOT AT W	No. of Contract of				truck	utility po
	I certify that I h	latural sauses IV	Accident Suicid	Homicion CHIEF	- Inner	Indetermine KAMINER [ KAMINER [	eath in my cod manner	]	DATE SIGNED
		12/30/70	24C. NAME of CEMETERY				(City, town,	or county)	(State)
	DATE REC'D BY HEALTH	DEPT. 258. N	Evergreen Mem	25C. FUNE	RAL DIRECTO	R	AD	DRESS	Md. 21048 Md. 21133 andallstown
	NA	6714							-



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IMPORTANT

**DIRECTOR:** 

FUNERAL

approved

9/67. date of admission 2/01 W. Gold Spring

1	435	BALTIMORE CITY HEALTH DEPARTMENT	12568
VY	P4P e4	BIRTH NO. 70 12568 CERTIFICATE OF DEATH REG. NO	15000
	of death Of death Deceased e on the	1. NAME OF DECEASED  Type or Print)  PEARL H. WALTMAN  2. DATE AND HOUR OF DEATH  DECEMBER 23, 1970.	
	of done	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution: re	M.
	se se (5) and dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION)  A. STATE  B. COUNTY  Md.	831
	Se Ca	C. CITY OR TOWN Baltimore  VES X	MΠS?
	- B C C C	E. STREET AND NUMBER	
	ribbut mined gular sed pr	2851 Chesterfield  5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   19. AGE fin years   15 Under	
	contribution contr	Female White WIDOWED DIVORCED 7-10-1924 Gost birthday)  WARRIED NEVER MARRIED 18-10-1924 Gost birthday)  Widowith 19-10-1924 Gost birthday)	Doys Hours Min.
	death or c Undet as in e dec	Housewife —— Maryland	USA
누	# (4) × + + + + + + + + + + + + + + + + + +	George Outten 14. MOTHER'S MAIDEN NAME Cecie Phill	.ips
RTAP	kind deat	15. Wos Deceosed Ever In U. S. Armed Forces? (Yes, no or unknown) (Uf yes, give wor or dotes of service)   16. SOCIAL SECURITY NO. Unk   Mr. Reginal Reggin	ADDRESS (Same)
IMPORTANT	o, if fany nced nced d or	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL
		(This daes not mean the made al dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.)  (A) IMMEDIATE CADSE CONSEQUENCE OF COLUMN TYPE  (B) IMMEDIATE CADSE CONSEQUENCE OF COLUMN TYPE  (C) IMMEDIATE CADSE COLUMN TYPE  (C) IMMEDIA	Corpus C
DIRECTOR:	X A A B B L	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the	
DIR	7 8	UNDERLYING CONDITION last. (c)	***************************************
UNERAL		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIDISEASE OR CONDITION GIVEN IN PART 1 IAI.	~0 t 0 0 t 0 t 0 t 0 t 0 t 0 t 0 t 0 t 0
UNE	T O T N T	19A. DATE, OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	CONSIDERED DEATH?
11.	No No	OR CONTRIBUTING CAUSE OF Jome, form, foctory, street, office bldg., INJURY OCCUR?	exoct location)
	atus (6)	21D. TIME (Month) IDoy) (Year) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.)  While At Work At Work	
	G- 1000	22. I certify that (i) (this hospital) attended the deceased from that (i) (we) last saw the deceased alive an All Market Da 19/1977 and that in (my) (contraping deat	19 70
			h accurred an the date
	leased to leased to lident of hospital o death)	and haur and from the causes stated abave. (1) (We) (dtd) (did not) view the bady after death.  23A. SIGNATURE	SIGNED
	3 0.5 E A	Attending Med. Staff Director Phys.	124/10
	ifficate my was rel (1) An acc 3.A. at a l d prior to	23C. PHYSICIAN'S NAME ITypel  Melvin F. Polek, M.D. DEGREE 3603 Belair Rd.	/
	L - U 0 -	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY. 24D. LOCATION ICITY, town, or	countyl (Stote)
	This certification of the body shows: (1) was D.O. deceased written a	Burial 12-27-70 First Baptist Posomoke City-Wor	cester-Md.
	This the babow was dece	DEC 29 1970 Cable E. Salba, R. Watson Funeral Home, Pocomoke	City, Md.
		VS 150-REV. 1/1/68	

. . 

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 70 1257.0 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO BIRTH NO 1. NAME OF DECEASED 2. DATE Known Day Month Year Hour (Type or RONALD SYLVESTER DAVIS OF Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Yeor Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 12 20 1970 12:55a M HOSPITAL ADDRESS OR LOCATION) 5. USUAL RESIDENCE (Where deceased lived. If Institution; residence before admission) A. STATE B. COUNTY Agnes Hospital Md. OWAT 6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? male negro WIDOWED . DIVORCED Ballto Jessuns YES X NO L 9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min. E. STREET AND NUMBER lost birthdoy) Rt. 32 Annapolis Junction, Box 38 May 15 11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME Willard WHAT COUNTRY? Willia Davis U.S.A. 4A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if relired) Marjory Thomas Studen 14. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or doles of service) CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Multiple injuries (This does not mean the mode of dying, e.g., heart follure, osthenia, etc. It means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF **ANTECEDENT CAUSES** (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NO O (C) CAT 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22B. PLACE OF INJURY(e.g., in or about 22C. WHERE DID (If in Baltimore City, give exact location) home, form, foctory, street, office bidg., etc.) INJURY OCCUR?

Thunder Hill Rd. & Oakland Hill Rd. 22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 2:14 12-19-70 Passenger in auto accident. (APPROX.) AT WORK 23. I certify that I held an Inquiry Inspection Autopsy X and that on this basis, death in my opinion resulted from: Natural causes Accident X Sulcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 21. AUTOPSY? (Yes or No) ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. EXAMINER'S ASSOCIATE MEDICAL EXAMINER Isidore Mihalakis, M.D. NAME (Type) 12-20-70 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Simpsonville, Howard, Md. 12-24-70 Locust Cemetery Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C FUNERAL DIRECTOR **ADDRESS** VS 151-REV. 1/1/68

1/6/71 - Birth certificate of child, Ronald Sylvester Davis, born 5/15/1955 in Howard County. Father: Willard Davis. Mother's Maiden Name: Marjory Thomas.

IMPORTANT

DIRECTOR:

FUNERAL

approved

VS 150-REV. 1/1/68

assistant

BALTIMORE CITY HEALTH DEPARTMENT

NO B

If Under 24 Hrs.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stote)

VS 150-REV. 1/1/68

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VS 150-REV. 1/1/68

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5:	30	0	1
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	to deceased prior to death. Such osition is made.
FUNERAL DIRECTOR: IMPORTANT	ssistant if the direc	y kind; (4) death w	final disper
IMPO	r or his a	ure of an	r attenda
RECTOR	examine	3) A fract	are emb
RAL DIF	medical	burns; (; physician	an was i
FUNE	the chief	(2) Body ere the I	physicion properties
	roved by	y nature; keept wh	nd (6) No
	st be appliance to the	ent of an spital (ex	death); a nust be of
	icate mus	An accid Lataho	prior to
	his certif.	hows: (1)	leceased vritten as
	La de	N >	0 >

				BALTIMORE CIT	Y HEALTH DEPARTMENT		ma 4055		
		70 12574		CERTIFICA	TE OF DEATH	REG. NO	70 12574		
	TH NO.	CEASED				ID HOUR OF DEATH			
	ne or Print)	UTT, HARSEY	L. SR	is e	12/2		6:05P.M.		
3.		LTIMORE, MARYLAND, W	HERE FRON	OUNCED DEAD		e deceased lived. If i	nstitution: residence before admission		
FU	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					•	520		
HO	SPITAL OR	ADDRESS OR LOC	ATION)	ITOTION, GIVE STREET	C, CITY OR TOWN	altimore	IDE CITY LIMITS?		
1		Agnes Hospit	al		Lansdowne	D. 1143	YES NO X		
5		kens & kinkin		n Ave.	E. STREET AND NUMBER 117 Third Ave		100		
5. 4	EX	6. RACE	7						
	M	W	WIDOWE		June 13, 1899	9. AGE (in years last birthday) XX 71	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.		
104	USUAL OCC	UPATION (Give kind of world	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lore	gn country)	12. CITIZEN OF WHAT COUNTE		
		working life, even if retired) Carpenter			Marylan	nd	USA		
	FATHER'S NA				14. MOTHER'S MAIDEN NA		0.5.11.6		
			<b>L</b>						
5		nomas W. Shut		11 / 20 010		ea <b>r</b> s			
Ye	t, no at unknown	Ever in U. S. Armed For	ces? s at service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	Yes	WWI		216-07-5910	Mrs. Wilbur Vine	cent. 5548	Oakland Rd. 21227		
	18. 44	7 7 XI		CAUSE OF DEAT	H		APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY Respiratory Insufficiency								
	LEADING TO DEATH  (A) IMMEDIATE CAUSE								
	heart failure, asthenia, etc. It means the disease,								
	injury or complication which caused death.)								
		ANTECEDENT CAUSES		Empl	nysema		8 years		
	DISEASES (	OR CONDITIONS, il	any, givin	(B)	A CONSEQUENCE OF:				
rise to the above cause (A) stating the									
	UNDERLYING CONDITION (ast, (C)								
z	OTHER CICALIS	II	ATDIDITIAL						
2	IO THE DEAT	FICANT CONDITIONS CO	HE TERMINAI	, L			_ 1		
S	19A-DATE OF	ONDITION GIVEN IN PAR OPERATION 198 CON	T I (A). DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208 IF YES WERE	FINDINGS CONSIDERED		
ERTIFICATION	Ó	WAS PER	FORMED			IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
C	OR CONTRIBL	NT WAS UNDERLYING THE CAUSE OF medical examiner	- he	IB PLACE OF INJURY (e.g., tarme, farm, factory, street, a	in or obout 21 C. WHERE DID lince bidg., INJURY OCCUR?	(If In Boltimo	re City, give exect locotion]		
MEDI	21D. TIME	(Manth) (Doy) (Year)	(Hour) 21	E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
٤	OF INJURY (APPROX.)		W	/hile At   Not While At Work					
	20 1 .16	1 . 113 / 11 1							
		that (1) (this hospital		inne	7()	9to	June 19 70		
		last sow the decease				at in (my) (our) opi	nton death occurred on the da		
			ed above.	(I) (We) (dld) (dld not) 1	view the body ofter death.				
	23A. SIGNATU	JRE	/	. 1			23B, DATE SIGNED		
	100	ands	111	DEGREE Phy	ending Med.	Staff Phys.			
	23 C. PHYSICIA NAME (T	N'S		DEGREE	23D. ADDRESS	,			
		lejandro Mejia	Md /	/					
24A		MATION, 24B, DATE		DEGREE NAME of CEMETERY of CR	EMATORY 24D. LC	CATION (C	ity, town, or county) (Stote)		
	Buria1		1970 Ba	altimore Nation	nal Cem. Ra	Itimore, Ma	rvland		
		BY HEALTH DEPT.	258, NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	TIMOLO, IM	ADDRESS		
	n	EG 29 1970 U	Be & E	Jaban Ka	Howard H Hubi	hard 4107	Wilkens Ave. 21229		
/\$	150-REV 1717	40			Inoward H. Hubi	J. 10/	MITYETTO TIVE STEED		

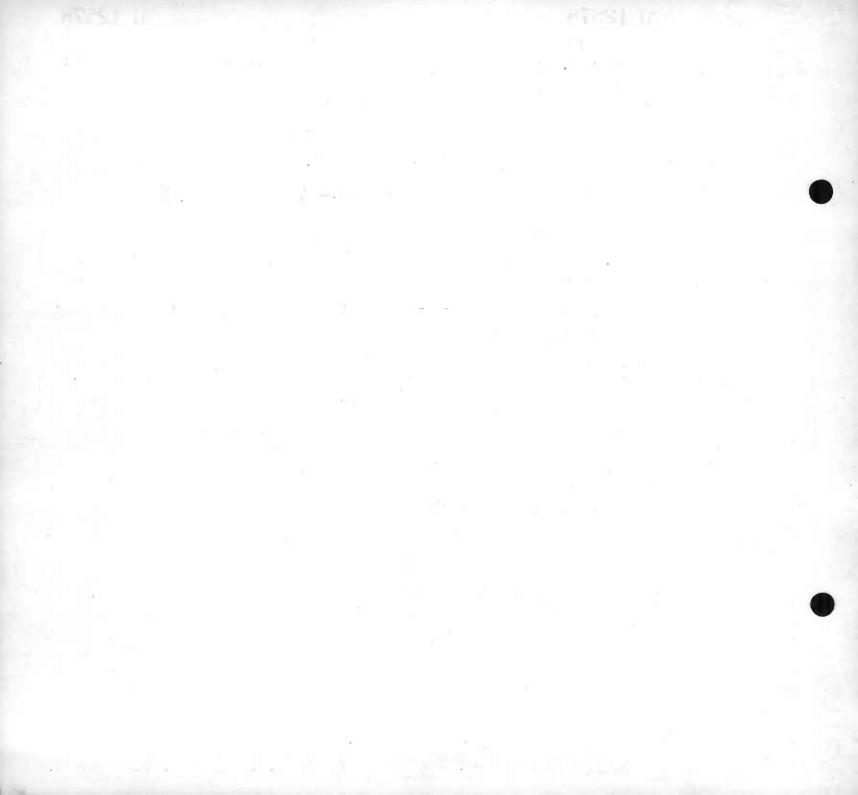
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2 1 20 10500	BALTIMORE CITY HE	ALTH DEPARTMENT		70 12576
BIRTH NO. 70 12576	CERTIFICATE	OF DEATH	Registered Na.	10 TCO4.0
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)			ND HOUR OF DEATH	1000
141011111	oline		23-10 -	N
3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. A.	STATE B. COU	NTY	stitution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give	1	CLTY OR TOWN (If o	uteide city limite write l	RURAL and give township)
48 Margland General	Rlag.	Baltman	I mins, whie i	TORAL ONG GIVE TOWNSHIP
48 Thankana	D.		rund give location)	(1. A. A. L. A.
1 Hollo, y Ma		3303	xaendon	- Coance
There and like it is minimized	VORCED (specify)	ATE OF BIRTH	9. AGE (In years)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	NESS OR INDUSTRY 11.	BIRTHPLACE (Stote by for	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		Marixa	ill	uge
	14.	MOTHERS MAHDEN NA		
George Mehring		Bertha Kau		
	/	INFORMANT Mabe	Levogtap	ADDRESS
N.0 2	13-03-6674	CE	wells) 01	Same_
DISEASE OR CONDITION DIRECTLY	CAUSE OF D	DEATH		ONSET AND DEATH
LEADING TO DEATH	(A) Pro	malle Senti	cernin	5-6 WK
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the diseose,	DUETO		intina a 0 0 a 40 a a a a 0 0 a a a a 0 0 a a a a	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
injury ar complication which coused death.)	4.83	Uzenions to	and Interior	
ANTECEDENT CAUSES	DUE TO	Urenay 1.		
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	(c) Asic	~12, OU	14 ?	
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		120A	L-V god to wee to be	TINDINGS CONSIDERS
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED	TH OPERATION	20A. AUTOPSY? (Yes or h	IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	CE OF INJURY (e.g., in or orm, foctory, street, office	obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)				
U OF INJURY	URY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.) Work	A1 Work			3 4
22. I certify that (1) (this haspital) attended the d		1	19 1 to	121- 20 19 10
that (N (we) last saw the deceased alive on	12/23		_ , !	nian death occurred an the dat
and hour and from the causes stated above. (1) (W	e) (did) (did nat) view	v the bady after death		23B, DATE SIGNED
Whitney Hough	Afor M.D. Attendin	Med. Director	Stoff Phys.	
23C. PHYSICIAN'S NAME (Type)		. ADDRESS		DO TO IN
WHITNET HOUGH	TON M.D.	ND. GE	AU. HOSP.	ONLU, MI
REMOVAL (Specify)	of CEMETERY OF CREMA			ty, town, or county) (State)
Burial 12/26/70 Oakla	wn Cemetery		htimore	Maryland
OFC 29 1970 Robert E. Jan	Aca M. A.	Robert C.	Altenburg_	Funeral Home Incalto., Md. 2121
VS 150-REV. 11765	and district the	buus Hario	га ка В	alto., Md. 2121

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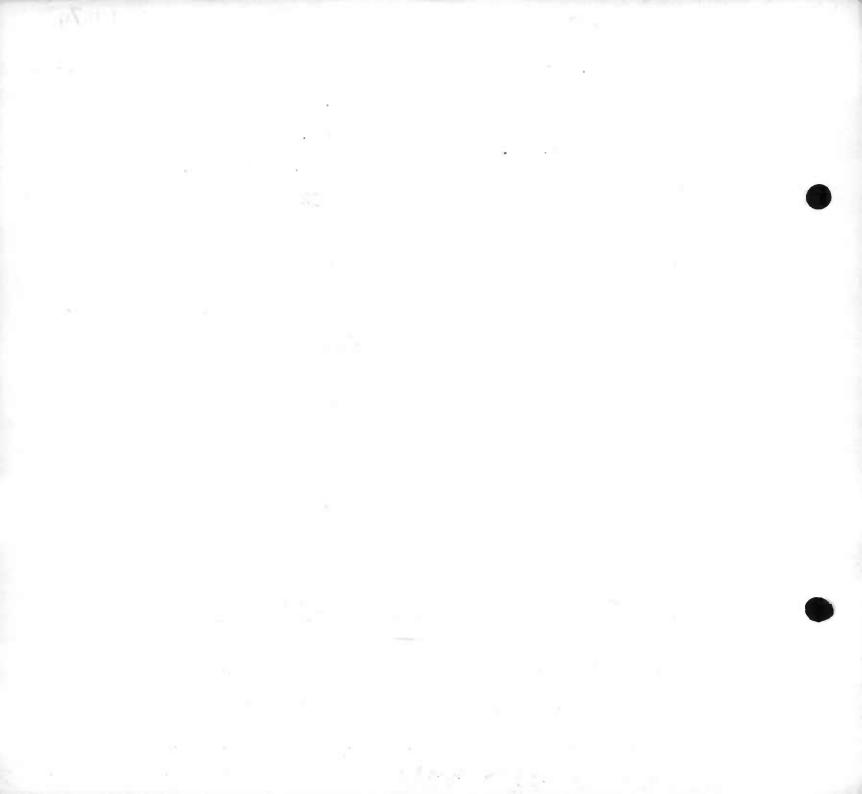
OFC 29 1970

Robert E. Farben KA

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a hospital and

			-		BALTIMORE CITY	HEALTH DEPARTMENT	r	20	12579
BIRTH 1	NO. 7	0 12	2579		CERTIFICA	TE OF DEATH	REG. NO.	70	12019
1. NAM	E OF DECI	EASED				2. DATE	AND HOUR OF DEA	TH	
	Wil	liam	F. Harr	ison			12/27/70		7.05 99
	CE IN BALT	MORE N	ARYLAND, W	HERE PRONO	UNCED DEAD		Where deceased lived.	If institution; i	esidence belore admissio
FULL 1 HOSPIT	NAME OF TAL OR UTION	ADD	OT IN HOSPIT. RESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Md.	D. 1	NSIDE CITY L	IMITS?
-	14					Balto.		YES	NO
3	Mer	cy Ho	spital,	Inc.		E. STREET AND NUMBE			
5. SEX		6. RACE		7- MARRIED	NEVER MARRIED X	8. DATE OF BIRTH	1timore St.	If Unde	r 1 Yr., Il Under 24 Hi
3.0			37				lost birthday)	Months	Doys Hours Min.
M AOI	HAL OCCU	PATION (G	N ive kind of week	WIDOWED		3/28/32 11. BIRTHPLACE (Stote or	38	110 015	
			even if retired)	IVA KIND OF	BOSINESS OF INDUSIKI	II. BIKINFLACE (Stole of	loreign country)	12. CITI	ZEN OF WHAT COUNT
						Maryland			
3. FAT	HER'S NAM	A E				14. MOTHER'S MAIDEN	NAME		
	Willia					Blanche Gr	een		
S. Was Yes, no	Occeased or unknown)	Ever in U. (It yes, gi	S. Armed Fore	ces? s ol service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	n0				61 - FLA 1040-1110-1	Dlanche Jo	nes 538	Fulto	n Ave.
nse	SEASES O	R COND	ITIONS, if cause (A)	any, giving staling the		EATIC NSUFFICIE A CONSEQUENCE OF:	Ncy		
E TO	THE DEATH	BUT NOT	NOTIONS COL RELATED TO TH GIVEN IN PART N 198 CON	TE TERMINAL	WHICH OPERATION	20A. AUTOPSY? (Yes o	r No) 208. IF YES, WE	RE FINDINGS	CONSIDERED
U 19A 21A			WAS PERF	ORMED		NO.	IN CERTIFYING	CAUSES OF	DEATH?
OR	CONTRIBUTATH (notity	TING C		21B. hom etc.	PLACE OF INJURY (e.g., in e, farm, loctory, street, of	or obout 21 C. WHERE DIT	(II In Bolt)	more City, giv	e exoct location)
210	-TIME	(Month)	(Doy) (Year)	(Houd) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
5 0	PROXI			Whi We	ile At Not While				
22.	I certify t	that (47 (t	his hospital	attended t	ne deceased from	13/23	_19 70 to /	2/2	7 19 70
	4		the decease		101	19 70 and	171010		
						17	that in (mys) (our)	opinion deal	th accurred an the do
			causes stat	ed abave. (1	(We) (did) ( <del>did not)</del> v	ew the bady after dea	th.		See and the second
19	SIGNATU	1	lele	ly	OEGREE Phys	eding Med.	Staff Phys.	238 DAT	127/20
236	PHYSICIAN NAME (Ty	PS .	11	onu	4	3D. ADDRESS MFACY	HOS 117	-HL	
24A. BU RE	IRIAL CREM	pecity)		۲	ME of CEMETERY of CRE			-	or county) (State)
25A, D/	Buri ATE REC'D	BY HEALT	12-31-	70 1	? . naugunn (	OHO G AB	Rato., La	•	100000

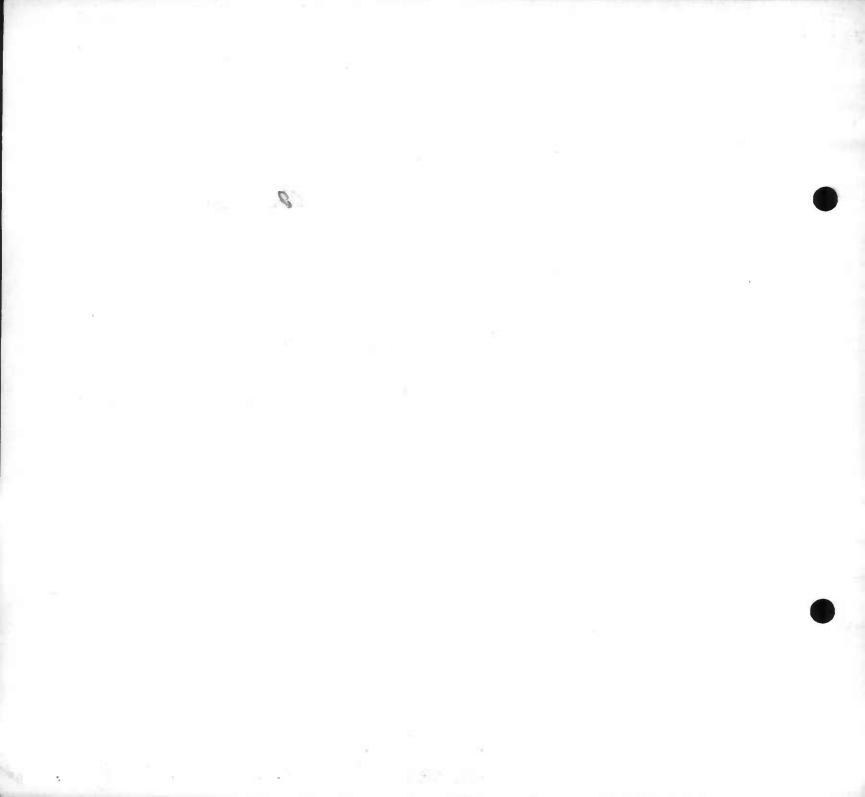


BALTIMORE	CITY HEALTH	DEPARTMENT

MEDICAL EX	AMINER'S	CERTIFICAT	TE OF	DEATH.
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1. NAME OF DECEASED				CATE OF				
(Type or Print)			2. DATE OF	Known 🖾	Manth	Day	Year	Hour
		Lawson	DEATH	Estimated				М.
4. PLACE IN BALTIMORE, MARYLAND, ) FULL NAME OF (IF NOT IN HOSPIT		TUTION, GIVE STREET	3. DATE	UNCED DEAD	Month	Day	Yeor	Haur
HOSPITAL ADDRESS OR LOCA	ATION)	IOTION, GIVE SIREET			12	25	70	'10:03 a <sub>M.</sub>
1//			A. STATE	ESIDENCE (Where	s deceased li	b. COUNTY	n: residence l	befare admission)
Lutheran Hos		F7	C CITY OF	Maryland			1.	107
		D NEVER MARRIED	C. CITY OR			D. INSIDE C		
male   colored  9. DATE OF BIRTH   10.AGE (I	WIDOWI	M Under 1 Yr. II Under 24 Hrs.		altimore		Y	ES 🗓	ио 🗆
2/9/21 last birthdo	(YO	Months Days Hours Min.			. 11 .			
11. BIRTHPLACE(State at lareign country)	49	2. CITIZEN OF	13. FATHER	126 Mt. H	olly S	t.		<del></del>
	·	WHAT COUNTRY?		1 6	20			
Paryland	IIAB, KIND	OF RUSINESS OF INDUSTRY		ph Lawso				
4A-USUAL OCCUPATION (Give kind of work lone during mast of working life, even if refired)		OI DOSINESS ON HADOSIN	Comel	h Dance m	VIE.			
Longshoreman  4. WAS DECEASED EVER IN U.S. ARMER	D EODCESS	LIZ SOCIAL	Saral				DDDECE	
(Yes, no or unknawn) (If yes, give war ar dates	of service)	SECURITY NO.	,	-			DDRESS	7 04
no		CAUSE OF DEA		nes Laws	on A	2126 IIt		ly St.
19/17		CAUSE OF DEA	113					EEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	CTLY							
(This does not mean the made of do	vlog. e.g			cinoma of	stoma	ich		
(This does not mean the made of dy heart fatiure, asthenta, etc. It means the injury or camplication which caused de-	e disease,	DUE 10, OR A	S A CONSEQ	UENCE OF:				
mary or comprise the miles against a second against a sec	unay							
ANTECEDENT CAUSES		(0)						
		(B)						
RISE TO THE ABOVE CAUSE (A) STA	Y, GIVING	DUE TO, OR	AS A CONSEC	QUENCE OF:				
DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	Y, GIVING TING THE	(c)	AS A CONSEC	QUENCE OF:				
UNDERLYING CONDITION LAST.	Y, GIVING	DUE TO, OR	AS A CONSEC	QUENCE OF:				•
UNDERLYING CONDITION LAST.	ONTRIBUTII	(C)	AS A CONSEC	QUENCE OF:				
UNDERLYING CONDITION LAST.	ONTRIBUTII THE TERMIN ART 1 (A)-	(c)						
UNDERLYING CONDITION LAST.	ONTRIBUTII THE TERMIN ART 1 (A)-	(c)					21. AUTO	PSY? (Yes ar No)
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CO.  TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P.  20A. DATE OF OPERATION 20B. CO.	ONTRIBUTION THE TERMINART 1 (A).	(C)	AS PERFORM	IED			no	PSY? (Yes ar No)
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN P.  20A. DATE OF OPERATION 20B. CONDITION CONDITIONS CONDITION GIVEN IN P.  20A. EXTERNAL CAUSE WAS	ONTRIBUTION THE TERMINART 1 (A).	(C)	AS PERFORM	IED	II in Baltimo	re City, give exc	no	PSY? (Yes ar No)
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CO.  TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P.  20A. DATE OF OPERATION 20B. CO.  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	ONTRIBUTION THE TERMINART 1 (A).	(c)	AS PERFORM	IED	(il in Baltimo	re City, give exc	no	PSY? (Yes ar No)
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS COOL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P.  20A. DATE OF OPERATION 20B. COI  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	ONTRIBUTION THE TERMINART 1 (A)-NOMON F	CC)	AS PERFORM  In ar about 2:	IED			no	PSY? (Yes ar No)
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN P.  20A. DATE OF OPERATION 20B. CONDITION GIVEN IN P.  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEATH.  22D. TIME (Manith) (Day) (Year OF INJURY (APPROX.)	ONTRIBUTION THE TERMINART 1 (A)-NOTHON FOR 12 h	CC)	S PERFORM In ar about 2: bldg, etc.) IN	2C. WHERE DID			no	PSY? (Yes ar No)
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN P.  20A. DATE OF OPERATION 20B. CONDITION GIVEN IN P.  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year OF INJURY (APPROX.)  23.	ONTRIBUTION ON THE TERMINART 1 (A).  NOMON FOR THE TERMINART 1 (A).	CC)	In ar about 2: bldg., etc.) IN	2C. WHERE DID VURY OCCUR? 2F. HOW DID IN.	JURY OCC	UR?	no ct location)	PSY? (Yes ar No)
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS COOL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P.  20A. DATE OF OPERATION 20B. COIL TO THE CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year (APPROX.)  23.  1 certify that I held an I	ONTRIBUTION THE TERMINART 1 (A). NOMON FOR THE TERMINART 1 (A).  (Hour)	CC)	In ar about 2: bidg., etc.) IN 2: WHILE	2C. WHERE DID (VIURY OCCUR?) 2F. HOW DID IN.	JURY OCC	UR?	no ct location)	PSY? (Yes ar No)
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN P.  20A. DATE OF OPERATION 20B. CONDITION GIVEN IN P.  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year (APPROX.)  23.	ONTRIBUTION THE TERMINART 1 (A). NOMON FOR THE TERMINART 1 (A).  (Hour)	CC)	In ar about 2: bidg., etc.) IN 2: WHILE	2C. WHERE DID (VIURY OCCUR?) 2F. HOW DID IN.	JURY OCC	UR?	no ct location)	PSY7 (Yes ar No)
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UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS COOL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN R.  20A. DATE OF OPERATION 20B. COIL  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year OF INJURY (APPROX.)  23.  I certify that I held on I resulted from: Natural causes actual SIGNATURE EXAMINER'S	ONTRIBUTION THE TERMINART 1 (A)- NOTION FOR THE TERMINART 1 (A)- TO (Hour) TO (Hour) TO (Hour)	CC)	In ar about 2: white 2: white 3: opsy 1: ASSIS	2C. WHERE DID 2C. WHERE DID 2VURY OCCUR? 2F. HOW DID IN. 2F. H	ury occi nis basis, Undetermi XAMINER XAMINER	death in my	no collocation)	DATE SIGNED
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN R.  20A. DATE OF OPERATION 20B. COI  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year OF INJURY (APPROX.)  23.  I certify that I held an I resulted from: Natural causes was underlying the contribution of the contrib	ONTRIBUTION THE TERMINART 1 (A)- NOTION FOR THE TERMINART 1 (A)- TO (Hour) TO (Hour) TO (Hour)	DUE TO, OR.  (C)	In ar about 2:  white Cork  topsy Ho  ASSIS  ASSO  eputy C	and that on the micide CHIEF MEDICAL ESTANT MEDICAL ECIATE MEDICAL	is basis, Undetermin XAMINER XAMINER XAMINER CAL EX	death in my ned manner [	no collocation)	
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T	400	70 12581 BALTIMORE CITY HEALTH DEPARTMENT 70 12581
1	7000	BIRTH NO. 70 12581 CERTIFICATE OF DEATH REG. NO. 70 12581
	an eat ase th th	I. NAME OF DECEASED
10	T () (*)	(Type or Print) 1/ LYSSES TALLEY 12/12/20
- 3	T D O T	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  8. COUNTY
	S	
	→ · · □ ·	INSTITUTION ADDRESS OR COCATION
		Nu moule M. D. n. d.
	d care	BOX SEET AND NUMBER NO
		2620 PUSET SX.
	tribu mine gula sed mad	5. SEX  6. RACE  7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In yeors lost birthday)  lost birthday)  Months; Doys Haurs; Min.
	occurred ontributi ermined regular regular is made.	WIDOWED DIVORCED Windows Doys Haurs Min.
	co co ete n r n	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY?
	P - P - P .0	5 4 (- ( )
	de Un us as	13. FATHER'S NAME
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AN	C T 1	15 Was Descard Fire is 11 S A 1 F
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MPORT	S +	215-03-0377 Annie Talley 2620 Puget St.
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o.	0 - + 0	heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)
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R	9 3 6 5 5	
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_	D = E = > E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
\$	med bui phys an v	E NO THE DEATH BUT NOT RELATED TO THE TERMINAL
ш	dy dy dy	DISEASE OR CONDITION GIVEN IN PART ( (A).  19A-DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
UNER	chief gody the l ysicio	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
H	the call by (2) B ere the call by ere the call by ere the call by efore	OR CONTROLLER OF INJURY (e.g., in or about 21 C. WHERE DID
	ed by th hospital ature; (; pt wher (6) No ; ined bef	S PEATH (notify medical examiner) etc.)
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har.	" O 8 T T	on the date
	eased eased ident nospit o deat must	and haur and from the causes stated above (1) (We) (did) (did nat) view the bady after death.
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	r to	23C PHYSICIAN DEGREE Phys. Director Phys.
	rificate my was reliable.  The state of the	NAME (Type) 23D. ADDRESS
	certificat sody was 7s: (1) An D.O.A. at ased prio	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Inwe, of County) (Stotal
	L-000-	Bunia 1 12/20/70 and
	This cer the bod shows: was D.( decease	Burial 12/29/70 1. Auburn Cem. Baltimore, Naryland
	This ce the boc shows: was D. deceas	2 DO POSSERAL DIRECTOR
		OFC 29 1970 Jaber E. Jaber R. 1 Kelson F.H. 1348 N. Carrier St.



100473	10-00	BALTIMORE CITY HEALTH DEPARTMENT		
70	1.2582	MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO	70	12582

BIRTH NO.									•		REG.	NO			
NAME OF DE	CEASED						2. DATE	Known	4	Manth	Doy		Yeor	Hour	
Type or Print)		Will	ie	St	ewar	d	OF DEATH	Estimal							
. PLACE IN BA	LTIMORE, M.			ONO	UNCED	DEAD	3. DATE			Month	Day		Year	Haur	М.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPIT	AL OR INST	OITUTIO	N, GIVE	STREET		DUNCED DE		12	22	70	0	12:20	L M.
17	531 N.	Fulto	n St.				A. STATE	RESIDENCE Maryla		deceased	B. COUN		esidence be	elore odmis	sion)
. SEX	7. RACE			IED	NEVE	R MARRIED	C. CITY O	-			D. INSID	E CITY	LIMITS?	9	
ale	color		WIDOW	/ED [		DIVORCED T		altimo				YES	N K	10 🗆	
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South				W	HATCO	UNTRY?	13. FATHE	b Ste							
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6. WAS DECEAS	ED EVER IN	U.S. ARMEI	FORCES	?	7. SOC	URITY NO.	18. INFOR	MANT				ADD	RESS		
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injury or co	mplication whi	ch caused de	oth.)												
	NTECEDENT					(B)									
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UNDERLYI	NG CONDIT	ION LAST.				(c)									
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									-				no		
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≥ 22D. TIME	(Month) (I	Ooy) (Yea	r) (Hour	) 221	JULUI	OCCURRED		22F. HOW	DID IN	URY OCC	UR?				
OF INJURY (APPROX.)					ILE AT		WHILE								
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resu	ted from h		ses X	AF	tdent	Sulcid	• 📙 H	omicide [	] (	Indeterm	Ined mann	er 🗌			
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SA. DATE REC'D	BY HEALTH	DEPT.	25B. N.		F REG			FUNERAL I					RESS		
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n:	EC 90 '	um (	100 B	Ex	all.	MA AL	Z VK	son	IV. I	1. 1	348 N	J. (	alho	un St	
															_

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Deceased and death BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 hospital death. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE BRONOUNCED DEAD ance A. STATE & COUNTY cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) canse; attend 0 D. INSIDE CITY LIMITS? YES 🛩 prior contributing STREET AND NUMBER Undetermined 1CKER regular is mad 8. DATE OF BIRTH 9. AGE (In years MARRIED NEVER MARRIED If Under 1 Yr. If Un Months! Doys Hours eceased WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF disposition = done during most of working life, even if retired) the 13. FATHER'S NAME 3 UNK eath 0 15. Was Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes, give wor ar dates of service) **BCB** e curD attenda 0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE ACUTE 1
DUE TO, OR AS A CONSEQUENCE (This does not mean the mode of dying, e.g., bal heart failure, asthenia, etc. It means the disease, regular PULMONARY EMBOLISM injury ar camplication which caused death.) Ee ANTECEDENT CAUSES (B)\_\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician the remains UNDERLYING CONDITION last. Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 21B PLACE OF INJURY (e.g., in or obout 21C, WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR? where (If In Boltlmore City, give exact location) hospital Ŷ MEDICAL DEATH (notify medical examined) obtained OF INJURY (Manth) (Doyl (Year) (Haus) 9 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Al Work and Wark any 22. I certify that (I) (this hospital) ottended the deceased from that (I) (we) last saw the deceased alive on. and that in (my) (our) apinion death occurred an the date eath) o hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending \_\_\_ Med. 2 written approval Phys. Director 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS at GEGREE 24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) shows: (1) 24C. NAME of CEMETERY OF CREMATORY ceased 0.0 24D. LOCATION (City, town, or county) Lieni. Laurel. SID 25A. DATE REC'D BY HEALTH DEPT. 250 FUNERAL DIRECTOR Kelson

IMPORTANT

DIRECTOR:

FUNERAL

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VS 150-REV. 1/1/68

NO C

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stote)

ADDRESS

If Under 24 Hrs.

WHAT COUNTRY?

b W

VS 150-REV. 1/1/68



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DIRECTOR:

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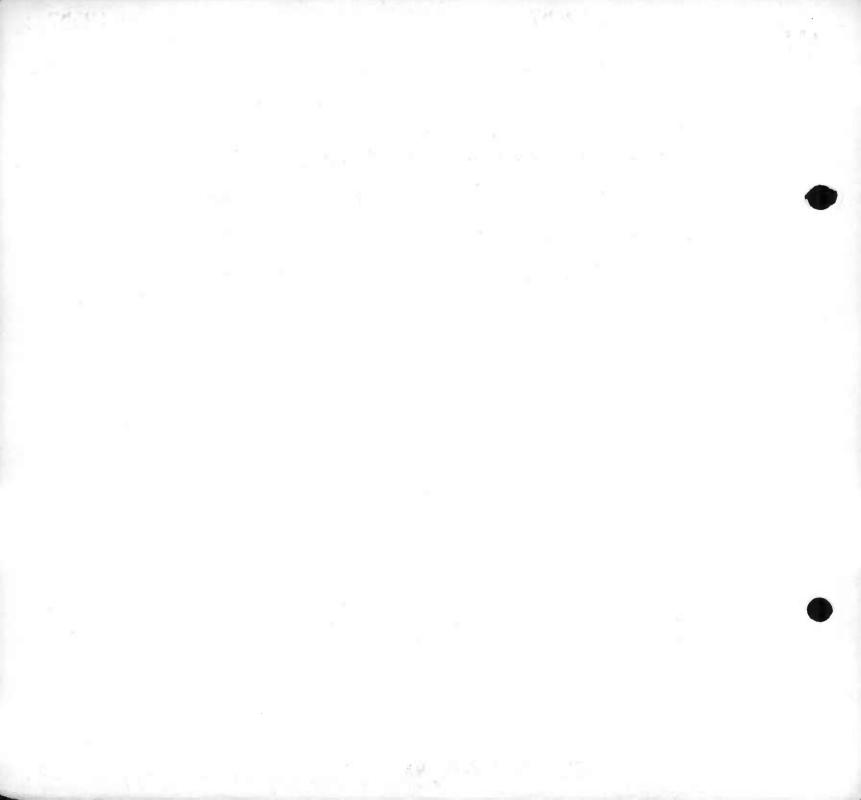
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IMPORTANT

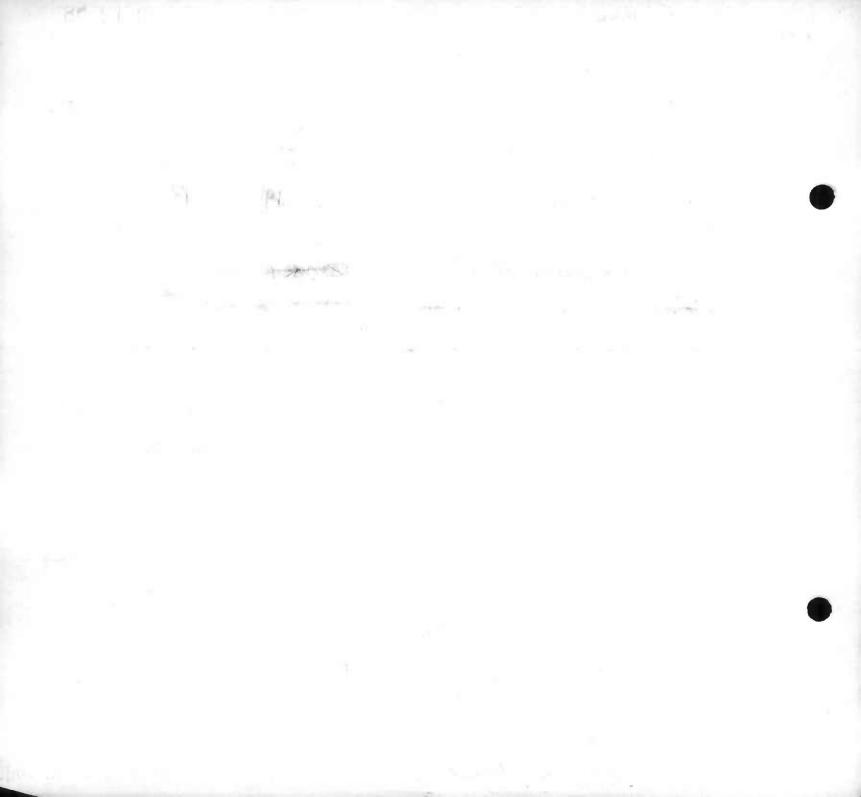
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



VV	3201	70 12588 BALTIMORE CITY HEALTH DEPARTMENT 70 12508
	and sed the the	BIRTH NO. CERTIFICATE OF DEATH REG. NO.
	deat deat deat ease n th	1. NAME OF DECEASED
	0 0 0 0	Shorman B. Walls 12-27-70 1 3 5 pm
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  A. STATE  B. COUNTY
	des Se de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MALY ond Angless or Location)
	se;	INSTITUTION . D. INSIDE CITY LIMINS?
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	TO.= L .	PASITIONS Md BOD LO RACE ROAD
	F 5 0 0	5. SEX   6. RAGE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   16 Under 2 His.
	th occur contributed for the contributed for t	VALE VEGRA WIDOWED DIVORCED 1 1016 19
	con con n re n re on is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	or independent	Sugurson US Gov. Harmons, Md LISH
	disposition	13. FATHER'S NAME
	15.6. × ± 12.	TARRISON WATTS ZORA OLIVER
Z		15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [If yes, give wor ar doles of service)  16. SOCIAL SECURITY NO.
PORTA	the the dear	yes World War II 220-05-9133 Mrs. Esther E. Watts Box 20 Race Road
Ö	s as any ced ndar or f	18. APPROXIMATE INTERVAL
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ö	er. A cture prono lar at	heort failure, asthenio, etc. It means the disease, injury or camplication which caused deeth.]
OR		ANTECEDENT CAUSES
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DIRE	0 3 3 - 0	rise to the above cause (A) stating the (UNDERLYING CONDITION last.
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AL		O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  I DISEASE OR CONDITION GIVEN IN PART 1 (a).
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NER	by a me by a me 2) Body bi re the phy physician fore the re	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
3	tal by b; (2) B here t to phy before	OP CONTRIBUTING CALLES OF LINE OF THE PROPERTY
	wheeld be	S DEATH Inotify medical examines
	ospinos ospinos ature ot w (6) N ned	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	> = = = =	While At Work At Work
	the tiny nexce	22. I certify that (1) (this hospital) eftended the deceased from 12-27-70 19 to 12-27 19 70
	0.00.00	that (1) (we) last saw the deceased alive on
	st be a ased to lent of ospital death) nust be	and hour and from the causes stated above. (1) (Ne) (did) (did not) view the body after death.
1	7 4 5 5	23A. SIGNATURE 23B. DATE SIGNED
	a to	Athending   Med.   Staff   12-28-70
	0 - 0 - 5 -	23C. PHYSICIAN'S NAME (Type)    23D. ADDRESS
	certification of the control of the	24A BURIAL CREMATION 12/8 DATE DISCUSSION DEGREE NO MAS GON HOSQ.
	Sody 7s: (1 D.O. assed	24A. BURIAL CREMATION, REMOVAL (Specify) 24D. LOCATION (City, Iown, or county) (Slole)
	This cer the bod shows: was D.( decease	Burial   12-31-70   Saints Rest Cemetery   Anne Arundel Co. Maryland
	This certif the body shows: (1) was D.O.A deceased written as	25a. Date REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR DEC-29 1970 Publis E. Jailey Ata NUTTER FUNERAL HOME 3035 W. NORTH AVE
		VS 150-8EV. 1/1/68



70 12	589			BALTIMORE CITY HE	-			in a	70 40	FO-
	,000	MED	ICAL	EXAMINER'S	ERTIF	CATE O	F DEAT	H REG. NO.	70 12	589
I. NAME OF DEC	FACED				2. DATE	Known X	Month	Doy	Year It	Hour
(Type or Print)	EASED	MICH	AEL	T. DIGGS	OF DEATH	Estimated [		mber 23,	1970	M.
				ONOUNCED DEAD	3. DATE	UNICED DEAD	Manth	Day	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT	IN HOSPITA	LORINS	ITUTION, GIVE STREET		RESIDENCE (Who	Decer	nber 23.		11:20 P.M.
111	421	7 Chat	ham E	Road	A CTATE	Maryland		B. COUNTY	28:	41
6. SEX	7. RACE		8. MARR	IED NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CIT	Y LIMITS?	
Male	Ne	gro	WIDOV	VED DIVORCED		Baltimore	2	YE	s X No	. 🗆
9. DATE OF BIRTH		10. AGE (In lost birthday	Vents	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		AND NUMBER 4217 Chat	ham Roa	ad		
II. BIRTHPLACE (SI				12. CITIZEN OF	13. FATHE		Titum Tio			
Marylan	d			WHAT COUNTRY? USA	Jos	eph E.	Diggs			
14A.USUAL OCCUP	PATION (GIM	kind of work	4B. KIND	OF BUSINESS OR INDUSTR	15. MOTH	ER'S MAIDEN N	AME			
done during most of w	orking life, ev		Orio	le Cleaning	Ali	ce Buch	annon			
16. WAS DECEASE	D EVER IN	U.S. ARMED	FORCES	7 17. SOCIAL	18. INFOR			AC	DRESS	
(Yes, no or unknown) NO	(it yes, give w	ar or dates	or service	SECURITY NO.	Mrs.	Alice :	Diggs	4223 08	kford	Avenue
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	E OR CONDI		CILLY		Т	ntravenou	is narco	ntism		
(This does no	ot meon the	mode of dv	Ing. e.g.,	(A)IMMEDIATE	NOUL.	QUENCE OF:	13 Harce	JCLSIII		
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20A. DATE OF				FOR WHICH OPERATION W	S PERFOR	MED			21. AUTOPS	SY? (Yes ar Na)
1/2										Yes
UNDERLYING UTING CAI		TRIB-		22B. PLACE OF INJURY (e.g., home, farm, factory, street, office	in or about bldg., etc.)	22C. WHERE DIE	O (if in Baltime?	ore City, give exo	ct location)	
≥ 22D. TIME (		ay) (Year	·) (Hou	r) 22E.INJURY OCCURRED		22F. HOW DID	INJURY OCC	UR?		
OF INJURY (APPROX.)					WHILE ORK					
23.	16. ab - a 1 b						able beats	J	1-1	
	ify that I h		nquiry [		topsy X	-		, death in my	-i	
result	ed from: N	atural cav	505 X	Accident   Suici	е 🗀 Н	lomicide 🔲		ined manner L	_	
ACTUAL	/1/	15				CHIEF MEDICA			D	ATE SIGNED
SIGNATU	JRE L	we	) ~	7 Jaly M.	. ASS	ISTANT MEDICA	L EXAMINER			
EXAMINE NAME (T	ER'S C	harles	S. S	Springate, M.D.	ASS	OCIATE MEDICA	L EXAMINER	□ De	cember	24, 1970
24A. BURIAL CREA	MATION, 2	4B. DATE		24C. NAME of CEMETERY	or CREMAT	ORY 24	D. LOCATION	V (City, town	, ar county)	(State)
REMOVAL (Specific Burial	(v)	12-29	-197	0 New Catheda	al Ce		Baltin			yland
25A. DATE REC'D				IAME OF REGISTRAR	125C.	FUNERAL DIREC			DDRESS	_
	29 197	-		Jaber MD	) 11	5 / 0				
350	40 101	0.000			INU	TTER FU	NERAL	HOME 3	)35 W.	NORTH A

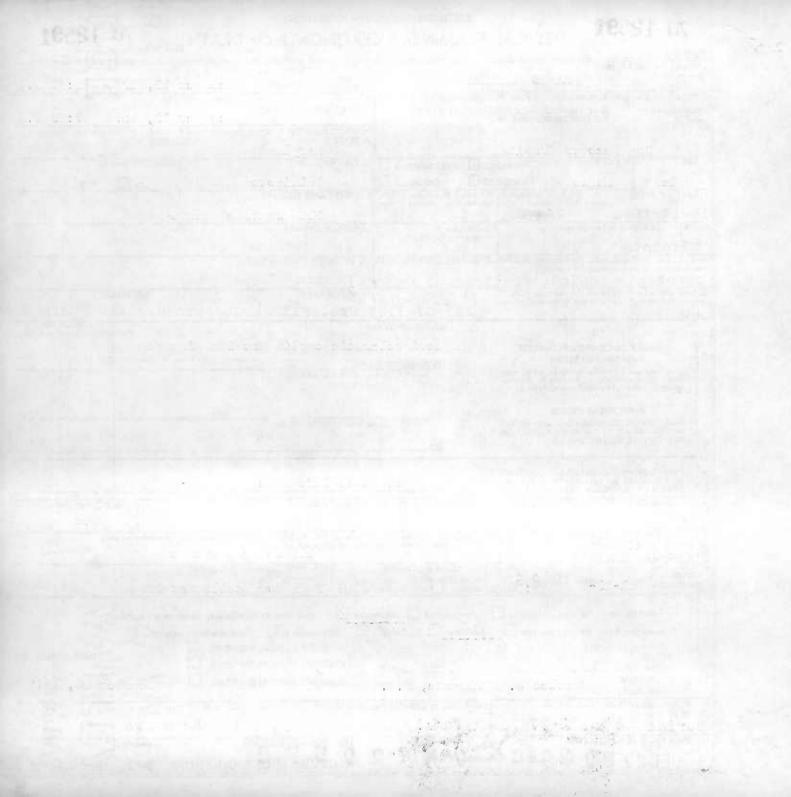
VS 151-REV. 1/1/68

BROST TO THE REPORT OF THE PARTY OF THE PART



BALTIMORE	CITY	HEALTH	DEPARTMEN

1	70 12591 AEDICAL EVALADISEDIS CERTIFICATE OF DEATH	125 <b>9</b> 1
W 325	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70	TCOOT
	1. NAME OF DECEASED (Type or Print)  JAMES WATKINS    2. DATE   Known   CK   Month   Day   Year   OF   DEATH   Estimated   December 23, 1970	9:55 P.M.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)  3. DATE  PRONOUNCED DEAD  December 23, 1970	9:55 P.M.
	S. USUAL RESIDENCE (Where deceased lived. If Institution: residence A. STATE B. COUNTY  Bon Secours Hospital  6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS	2002
	Male Negro WIDOWED DIVORCED Baltimore YES	№ □
	10-14-1894 To Months: Days Hours Min. 2116 Penrose Avenue	
	Virginia WHATCOUNTRY? Sam Watkins	
	done during most of working lile, even if retired)  Cafateria employeeContinental Can Co Bessie ?	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or doles of service) No   18. INFORMANT   ADDRESS   SECURITY NO.   227-07-3338 Mrs. Elizabeth Anthony 2116	5 Penrose A
	DISEASE OR CONDITION DIRECTLY  Arteriosclerotic cardiovascular disease	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. it means the disease, injury or complication which coused death.)	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (8)  DUE TO, OR AS A CONSEQUENCE OF:	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  Fracture of left knee	
	Disease or Condition given in Part 1 (a).	OPSY? (Yes or No) Yes
	22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB- Home, form, foctory, street, office bldg, etc.)  22B.PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact location injury occurs)  Home  22B.PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact location injury occurs)  Home  2116 Penrose Avenue	)
	22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED NOT WHILE AT WORK 22F. HOW DID INJURY OCCUR?  WHILE AT WORK Fell down cellar stairs	
	I certify that I held an Inquiry Inspection Autopsy X and that on this basis, death in my opinion	
	ACTUAL SIGNATURE CLASS ACCIDENT SUICIDE HOMICIDE Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	24 BURIAL CRUMATION IN PASS	r 24, 1970
	24A. BURIAL CREMATION, REMOVAL (Specify)  Burial 12  24B. DATE  24C. NAME of CEMETERY or CREMATORY  Family Lot  Petersburg Va.	y) (State)
	DEC 29 1970 Pobes & Jebes 2 1 258. NAME OF REGISTRAR 2 25C. EUNERAL DIRECTOR ADDRESS NUTTER FUNERAL HOME 3035 N	W. NORTH A
	VS 151.REV. 1/1/68	



BALTIMOR	E CITY HEALTH DEPAR	TMENT				
MEDICAL EXAMIN	ER'S CERTIFIC	CATE OF	DEATI	REG. NO.	70	12592
Titani la t	2. DATE	Known 🗌	Month	Day	Yeor	Hour

BIKITI IVC.			
1. NAME OF DECEASED (Type or Print)	1	2. DATE Known Month	Day Year Hour
Lee D. Wrig		DEATH Estimoted L	м.
4. PLACE IN BALTIMORE, MARYLAND, FULL NAME OF (IF NOT IN HOSPI		3. DATE Month PRONOUNCED DEAD	Doy Year Hour
HOSPITAL ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET CATION)	1.2	23 1970 7:32 a M. ived. If Institution; residence before admission)
/ 1917 N. Pulaski	St.	A. STATE Md.	B. COUNTY 1504
6. SEX 7. RACE	8. MARRIED WEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
male negro	WIDOWED DIVORCED	Balto.	YES NO
9. DATE OF BIRTH 10. AGE lost bight	(In years   If Under 1 Yr. If Under 24 Hrs. oy)   Months   Doys   Hours   Min.	E. STREET AND NUMBER 1917 N. Pulaski St.	
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER'S NAME	
Essex Co. Virgini		Silas Wright	
14A.USUAL OCCUPATION (Give kind of wor	MIAB, KIND OF BUSINESS OF INDUSTR	YIS MOTHER'S MAIDEN NAME	
done during most of working life, even lifetired			
press operator  16. WAS DECEASED EVER IN U.S. ARME	Waverly Press D FORCES?   17. SOCIAL	Adeline ?	ADDRESS
16. WAS DECEASED EVER IN U.S. ARME (Yes, no or unknown) (11 yes, give wor or dote:			
NO 19.	217-01-911! CAUSE OF DEA		right 1917 Pulaski !
7/2/7	Artoniosolo	rotic cardiovascular d	RETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY ALLEL LOSCIE	totic cardiovascular d	isease
(This does not mean the mode of d	Ving. e.g (A)IMMEDIATE (	CAUSE	
heart lotture, osthenio, etc. It meons th injury or complication which coused de	e diseose.	AS A CONSEQUENCE OF:	
AND CORPORATE CALLED			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN	Y, GIVING (B)	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.	ATING THE	no n consequence of.	
Z ONSERVING CONDITION EASI.	(c)		
OTHER SIGNIFICANT CONDITIONS C	CONTRIBILITING		
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION SIZE OF CONDITION GIVEN IN I	O THE TERMINAL		
20A, DATE OF OPERATION 20B, CO	NDITION FOR WHICH OPERATION W	AS DEDECORMED	In Attorney (V
0	TO THE TOTAL THE COLUMN TO THE TANK THE	AS FERFORMED	21. AUTOPSY? (Yes or No)
Z 22A. EXTERNAL CAUSE WAS	228 PLACE OF INITIBY	to as about 22C MUEDS DID WAR B. In	no
UNDERLYING OR CONTRIB-	home, form, foctory, street, office	in or obout 22C. WHERE DID (If in Baltima e bldg., etc.) INJURY OCCUR?	re City, give exact location)
2 22D. TIME (Month) (Doy) (Yes	or) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCC	1102
OF INJURY (APPROX.)	WHILE AT NOT	WHILE	
23.	m. WORK AT W	ORK L	
I certify that I held an	Inquiry Inspection Au	topsy ond that on this basis,	death in my opinion
resulted from: Natural co	uses Accident Suicid		ned monner
	7/11	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE	What show "	ACCICTANT MEDICAL EVA MINIER	DATE SIGNED
SIGNATUREEXAMINER'S	M.D	ASSOCIATE MEDICAL EXAMINER	ñ
NAME (Type) Iside	ore Mihalakis, M.D.		12-23-70
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION	(City, town, or county) (State)
	-1970 Family Lot	Essex	Co. Virginia
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 29 1970 04	Belo E. Jackey Mile 17	2 19 5 7 3	
VS 151-REV. 1/1/6B		NUTTER FUNERAL	HOME 3035 W. NORTH A
13 191-KEV. 1/1/00			

The state of the s

D	4001	70 12593  BALTIMORE CITY HEALTH DEPARTMENT  70 12593							
	5 6 5 4 d	BIRTH NO. CERTIFICATE OF DEATH REG. NO.							
	S + as	1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH							
hospital ise of d (5) Dece ance on death.	DATLEY, EDNA TRENE 12 26 70 1 7:55 Page								
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  A. STATE  B. COUNTY								
	HOSPITAL OR ADDRESS OR LOCATION)  FULL NAME OF APPLICATION HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND ANNE ARUNDEL 5200								
	caus caus use; (; enda to d	IN STITUTION D. INSIDE CITY LIMITS?							
	i BB # P	/ / /							
	rred ir outing ed car ar att prior de.	ST AGNES HOSPITAL BOX 225 CLARKS STATION ROAD							
		5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lit Under 1 Yr., It Under 24 Hrs.							
	occu ontrik ermir regul eased is ma	FEMALE NEGRO   WIDOWED   DIVORCED   U6 09 06   64							
		10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?							
	S S	HOUSEWIFE HOME MARYLAND U. S. A.							
	if d rect (4) U was the ispos	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME							
5	# # # E # E	GEORGE DAILEY ELVA CULVER							
A	9 9 9 9 9	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.							
ORTANI	\$5 + T = H	NO MR. JACK DAILEY BOX 44 WRIGHTS ROAD							
0	his as to, if fany nced enda	CAUSE OF DEATH APPROXIMATE INTERVAL							
WP	v 0 ⊃ ← 6	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  Severe bleeding 4							
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease,							
OR	0	injury or complication which caused death,)							
CT	E.F. O DO	ANTECEDENT CAUSES (8) licete weers of stomock unknown							
144	9 X C 7 E	DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) stating the							
DIR		UNDERLYING CONDITION losi. (C)							
-	medical edical burns; hysicic n was remaii	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING SIGNIFICANT CONDITIONS CONTRIBUTING							
ERA		O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].							
=	chief y a r Body the p the p ysicid	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
N		WAS PERFORMED right log IN CERTIFYING CAUSES OF DEATH?  IN CERTIFYING CAUSES OF DEATH?							
S.L.	4 2 5 5	OR CONTRIBITION CONTRIBITION OF CITY, give exect location							
	A K S S S S S S S S S S S S S S S S S S								
	hosi natu ept d (6) aine	-   [AbbaCA]   At title Ct     Isot At title [ ]							
	y n y n d	Werk At Work							
	appi fan fan (e) (e) (e)	22. I certify that (1) (this haspital) attended the deceased from 109 19 70 to 12 26 19 70 that XIX(we) last saw the deceased alive an 12 26 70 19 and that In (aur) opinion death accurred on the date							
	9-05	and hour and from the couses stated above. (X) (We) (did) (A)(A)(A) view the bady ofter death.							
	ust be c based the dent of lospital death) must b	23A. SIGNATURE 23B. DATE SIGNED							
	J 0	Attending Med. Shoff X 12/27/70							
	s res	23G-PHYSICIAN'S NAME (Type) DEGREE THYS. 23D. ADDRESS							
	This certificate make body was related by was related by a cc. was D.O.A. at a factor of the ceased prior to written approval	ST AGNES HOSPITAL BALTIMORE MD 21229							
	E P C O B B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)							
	his certine body hows: (1) ras D.O. eceased	Burial 12-30-70 Saints Rest Cometery ANNE ARUNDEL CO. MD.							
	the body the body shows: (1 was D.O deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25D. UNERAL DIRECTOR ADDRESS							
		DEC 29 1970 Called E. Jalley & D. NUTTER FUNERAL HOME 3035 W. NORTH AVE							

pro-equi \* N (\* 0 

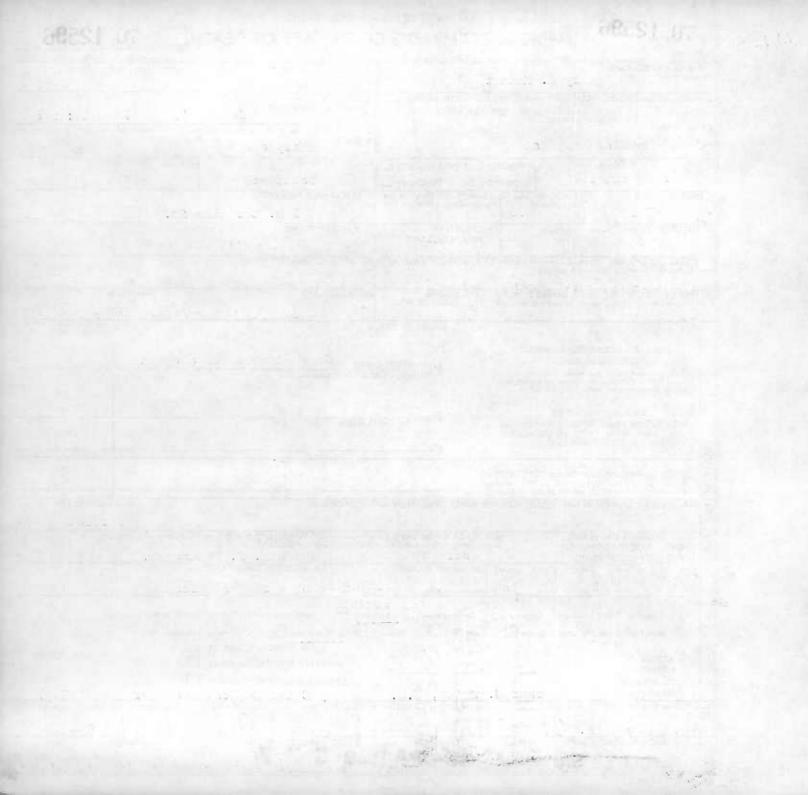
1	70 12594  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  REG. NO. 70 12594								
15 e e e e e e e e e e e e e e e e e e e	BIRTH NO.    CERTIFICATE OF DECATO								
ė .	JACKSON, RICKER DECEMBER 24, 1970 5:00A								
ı	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odmission)  A. STATE  B. COUNTY								
d	FULL NAME OF US NOT IN HOSPITAL OF INSTITUTION CIVE STREET MARYLAND BALTIMORE 21228								
l	HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?								
ſ	ST. AGNES HOSPITAL BALTIMORE YES NO X								
ı	163 WINTERS LANE								
1	SEX 6. RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years   16 Under ) Yr. 16 Under 24 His								
ı	FEMALE NEGRO WIDOWED DIVORCED 02 09 10 Nonths Doys Hours Min.								
	OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?								
ı.	Housewife Home SOUTH CAROLINA U.S.A.								
	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME								
	WILLIAM JACKSON Mary O'Neal								
ī	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT								
	The state of the s								
ŀ	No Mr. Gilbert Jackson 16 1/2 Winters Lan  CAUSE OF DEATH  CAUSE OF DEATH								
ŀ	DISFASE OF CONDITION DIRECTLY								
l	LEADING TO DEATH (A) IMMEDIATE CAUSE Alcoholic heratity unclerken								
l	(This does not mean the mode of dying e.g. (A) IMMEDIATE CAUSE								
l	heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)								
ľ	ANTECEDENT CAUSES Repalle Coma, Circhoses of								
ı	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the								
ı	rise to the obove couse (A) stoling the UNDERLYING CONDITION last. (C) the lines —								
ĺ.									
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994 DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 200. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED.								
1	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?								
-	21D-TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At The Not While The The Not While T								
1									
	that (X) (we) lost sow the deceased alive on DECEMBER 24 19 70 and that In(mX) (our) opinion death occurred on the date								
ı	ond hour and from the couses stoted above. XI) (We) (did) (XX wot) view the body ofter death.								
	23A. SIGNATURE 23B. DATE SIGNED								
١	Albertin - Mail - Com								
	23C. PHYSICIAN'S NAME Type)  23C. PHYSICIAN'S  NAME Type)  23D. ADDRESS								
	BIZITAM EBRAHIMA CATON & WILKENS AVES. BALTO., MD. 21229								
2	4A. BURIAL CREMATION 12/R DATE 12/C MANS CREMENT								
ш.									
	Burial   12-28-70   Western Star Cemetery   Baltimore Co. Maryland   5A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR								
1									
-	NUTTER FUNERAL HOME 3035 W. NORTH AUS 150-REV. 1/1/68								

A STATE OF THE PROPERTY OF Total Line Control of the Control of

## BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EYAMINED'S	CERTIFICATE	OF	DEATH	7
WEDICAL	EVAWILLERS	CEKTIFICATE	Or	DEATH PEG NO	1

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before	м. •15 а м.
(Type or Print)  Henry G. Miller  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE SIREET ADDRESS OR LOCATION)  OR INSTITUTION  OF DEATH Estimoted   3. DATE Month Doy Yeor Hospital Or Institution, GIVE SIREET ADDRESS OR LOCATION)  5. USUAL RESIDENCE (Where deceased lived, it institution: residence paters)  B. COUNTY	м. •15 а м.
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OR INSTITUTION  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  5. USUAL RESIDENCE (Where deceosed lived, if institution: residence before a STATE B. COUNTY)	:15 а м.
HOSPITAL OR INSTITUTION  ADDRESS OR LOCATION)  5. USUAL RESIDENCE (Where deceased lived. If institution; residence before the state of	771.
A STATE B. COUNTY	18
Hopkins Hospital Maryland	1.37-2
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?	
male   COLORED   WIDOWED   DIVORCED   Baltimore   YES   NO    9. DATE OF BIRTH   10.AGE (In years   W Under 1 Yr. 11 Under 24 Hrs.   E. STREET AND NUMBER	
6-15-1915 lost birthdoy) 55 Months; Doys; Hours; Min. 1043 N. Caroline St.	
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT GOVERNY?  13. FATHER'S NAME  WHAT GOVERNY?	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even (retired)	
Unemployed-Laborer	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)  17. SOCIAL SECURITY NO.  18. INFORMANT  Physical Security No. 18. INFORMANT  Physical Secur	tead St.
	MATE INTERVAL DISET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(A) IMMEDIATE CAUSE Gunshot wound of abdomen  (This does not mean the mode of dying, e.g., DIJE TO, OR AS A CONSEQUENCE OF:	
(This does not mean the mode of dying, e.g., heart follure, asthenia, etc. it means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (6)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:	***************************************
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  204. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSYS	
DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY	(Yes or No)
ratita	1
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Baltimore City, give exact location) injury OCCUR?  Street 900 Blk. N. Dallas St.	1
UTING CAUSE OF DEATH. Street 900 Blk. N. Dallas St.	
OF INJURY (APPROX.) 11 24 70 ?a m. WHILE AT NOT WHILE X shot during altercation	
23 Partial_	
certify that I held on Inquiry   Inspection   Autopsy   and that on this basis, death in my opinion	
resulted from: Notutal causes Accident Suicide Homicide X Undetermined monner CHIEF MEDICAL EXAMINER	
ACTUAL AL QLA PAL ASSISTANT MEDICAL EVAMINED TO DAT	E SIGNED
SIGNATURE  EXAMINER'S  ASSOCIATE MEDICAL EXAMINER   ASSOCIATE MEDICAL EXAM	
NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner 12	/26/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
Removal 12-31-10 Chaple Health Dept.   258. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS	6/1ha
DFC 29 1970 Paber E. Janber, M.D. D. F. Werd Home 1/290	Carding &
VS 151-REV. 1/1/68 \ ( )	100/11001



BALTIMORE CITT HEALTH DEPARTMENT	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH $_{RE}$	G. NO. 70 12597

BIRTH NO.	
JOHN BOBBINS DOBLINS	2. DATE Known Month Doy Yeor Hour OF Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 12 25 1970 8:05 a M.
Maryland General Hospital	S. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  A. STATE  Md.  B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male negro WIDOWED DIVORCED DI	E. STREET AND NOMBER
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min. 22	609 Whitelock St. Apt. A-1
II. BIRTHPLACE (State or foreign country)   12. CITIZEN OF	13. FATHER'S NAME
Mary and whatcountry?	Charles Dobbins Sr
4A. USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY	
UNEMPLOVEL - Agborer	Mable Porter
16. WAS DECEASED EVERIN U.S. ARMED FORCES? (Yes, ng'b) unknown) (If yes, give wor or doles of service)  17. SOCIAL SECURITY NO.	Mable Debbins-1705 Homes tead St.
19. CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISCOUNT OF CONTINUE AND INCOME.	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Novoetice ellistics
(This does not mean the made of dying, e.g., (A)IMMEDIATE C.	AUSE Narcotics addiction S A CONSEQUENCE OF:
heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	o A consequence on
ANTECEDENT CAUSES  (B)	C A COMPONENCE OF
RISE TO THE ABOVE CAUSE (A) STATING THE	S A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	S PERFORMED  21. AUTOPSY? (Yes or No)
0 )	
22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY (e.g., 1	n or obout 22C. WHERE DID (If in BoltImore City, give exact location)
UTING CAUSE OF DEATH.	bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOWDID INJURY OCCUR?
(APPROX.) WHILE AT WORK AT WO	
23.  I certify that I held on Inquiry Inspection . Auto	
	opsy X and that on this basis, death in my opinion
resulted from: Natural causes X Accident Suicide	
ACTUAL ///m/acles	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EVAMINED TI
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Isidore Mihalakis, M.D.	12-25-70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF PARAMETERY OF	TO CREMATORY 24D. LOCATION (City, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 29 EM Pales E. Jaben Ha ;	2 PLA off Pancial Home 1129 N. Caroline ST
/S 151-REV. 1/1/68	

IMPORTANT

DIRECTOR:

FUNERAL



IMPORTANT

**DIRECTOR:** 

FUNERAL

BALTIMORE CITY	HEALTH DEPARTMENT
CERTIFICA	TE OF DEATH REG. NO. 70 12599
	2. DATE AND HOUR OF DEATH
skey	12-28-70 1:00 P M.
OUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
TITUTION, GIVE STREET	Maryland  c. CITY OR TOWN  D. INSIDE CITY LIMITS?
, Inc.	7 7 1 1
, 1110	E. STREET AND NUMBER
	419 S. Chapel Street
D NEVER MARRIED	8. DATE OF BIRTH   9. AGE (In years   II Under ) Ye. II Under 24 Hrs.
DIVORCED	10/19/92 lost birthdoy! Months Doys Hours Min.
OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
_	Maryland U.S.A.
	Maryland U.S.A.
	Charlotte Walsh
1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
13-01-2126	Miss Evelyn Koskey, 419 S. Chapel St
CAUSE OF DEATH	APPROXIMATE INTERVAL
	BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAU	SE (NEUMONITIS
	CONSEQUENCE OF:
34.7	
(B) MGD	Cardian INFARCTION
-	A CONSEQUENCE OF:
(c) DEC	ubitus uccar
3	
WHICH OPERATION	120A
WHICH OPERATION	20A. AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
18. PLACE OF INJURY (e.g., in ome, farm, foctory, street, off	ar about 21 C. WHERE DID (If in Baltimore City, give exact location)
ome, farm, foctory, street, offi c.)	ico bidg., INJURY OCCUR?
E INJURY OCCURRED	215 HOW DID INJURY OCCUR?
Vhite At   Not White	
/ork ☐ At Work	2/20 10 7/1 to /2/25 10 7/1
the deceased from / 2/2k	Marin from Marin Commence 17 and the 10 annual control of the Commence of the
(4) (We) (did) ( <del>did not)</del> vi	19 70 and that in my) (our) opinion death occurred on the date
	23R, DATE SIGNED
Aften Phys.	ding Med. Steff Director Phys. 0 12/28/20
	3D. ADDRESS
DEGREE	Mercy Hospital, Baltimore, Md.
NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
New Cathedral	Baltimore, Maryland
OF REGISTRAR	250 FUNERAL DIRECTOR
abey The	M.F.SADOWSKI & SONS, 1808 EASTERN AVE

 M 260

	2600 M	EDICA	L EX	CAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	70	1260	0
I. NAME OF DE	CEASED Mi	kolaj		zur	2. DATE OF	Known XX	Month	2.7	Year	Hour O - /- E	a.
					DEATH	Estimated 🗌	12	21	70	9:45	M.
FULL NAME OF	LTIMORE, MARYLAN (IF NOT IN HO ADDRESS OR L			UNCED DEAD ON, GIVE STREET	3. DATE PRONO	UNCED DEAD	Manth 12	2 <b>7</b>	Year 70	9:45	a. M.
OR INSTITUTION	245 S. <del>E1</del>				5. USUAL R A. STATE	ESIDENCE (Where	deceased l	B. COUNTY	n: residence b	elore admis	sslan)
6. SEX	7. RACE		RIED K	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE C	ITY LIMITS?	111	
male	White	WIDO	WED [	DIVORCED [	Ba1	to.		Y	Es 🔝	NO 🗆	
9. DATE OF BIRT		E (in years rihday) 49	Month	der I Yr. If Under 24 Hrs. By Days & Hours   Min.	E. STREET	AND NUMBER E	llwoo	d enue 21	224		
II. BIRTHPLACE( Pola	State ar lareign caunt	η)		TIZEN OF HAT COUNTRY?	13. FATHER						
		work[] 4B, KIN		USINESS OR INDUSTR	Woje:		zur				
Labore	working lile, even Kreii P	Rub	ber	Products		a Kogut	136				
4. WAS DECEAS	ED EVER IN U.S. AR	MED FORCE	5?	17. SOCIAL SECURITY NO.	18. INFOR	TNAM		A	DDRESS		
No		GIGS OF SETVICE	211	-34-0418	Mrs. An	na Mazu	r. 24	5 S. E	llwoo	d Ave	
19.	D. 46			CAUSE OF DEA	тн					PROXIMATE IN	
DISEAS	E OR CONDITION I	DIDECTIV		A sets onesi	1	otic cardi		11000 41		ÆEN ONSET A	ND DEATH
0.527	LEADING TO DEATH					otic cardi	Lovasc	ular ula	sease		
(This does to	not meon the made o	of dying, e.g.,		DUE TO, OR	AS A CONSEC	UENCE OF:					
injury ar car	mplication which couse	d death.)									
DISEASES RISE TO TH	NTECEDENT CAUSE: OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LA	ANY, GIVING	È	(8) DUE 10, OR	AS A CONSE	QUENCE OF:					
Z	NO CONDINON LA	31.		(c)							-
U TO THE DE	NIFICANT CONDITION ATH BUT NOT RELATER CONDITION GIVEN	D TO THE TERM	AINAL								
20A. DATE O				HICH OPERATION WA	S PERFORM	ED			IZI. AUTO	PSY? (Yes o	r No
3											
ZZA. EXTER	NAL CAUSE WAS		228. PL	ACE OF INJURY (e.g.,	In ar about 2	2C. WHERE DID	If In Baltimo	re City, alve ev		<sub>7</sub> es	
	OR CONTRIB-		home,	ACE OF INJURY (e.g., form, loctory, street, affic	bldg., etc.)	NURY OCCUR?	, al 55111110		oci rocanany		
≥ 22D. TIME	(Manth) (Day)	(Year) (Hou	(1) 22	E.INJURY OCCURRED	2	2F. HOW DID IN	ILIRY OCC	192			
OF INJURY (APPROX.)			WH	• _ •	WHILE		JOHN OCC	VKI			
	tify that I held on	Ingulry		Inspection Au	lopsy XX	and that on th	de heele	double to	nalain		
	ted from: Natural			cident Suicid					_		
lezoi	rea from: National	Courses 1 -r	AC	cident - Suicid				ned manner (			
ACTUAL		·ll	Du	Munno	ASSI	CHIEF MEDICAL E STANT MEDICAL E		ä		DATE SIGN	MED
EXAMIN NAME (	ER'S Peter	Lipkovi	c, N	1.D.	ASSC	CIATE MEDICAL E	XAMINER	XX	1	12/28/	70
24A. BURIAL CRE	MATION, 248. DAT		24C.	NAME of CEMETERY	or CREMATO	PRY 24D. I	LOCATION	(City, taw	n, or caunty)	(Stot	le)
Burial		30/70		Holy Rosar	У	Ba	altim	ore.	Mary	land	
25A. DATE REC'D	BY HEALTH DEPT.		NAME C	F REGISTRAR	25C. I	UNERAL DIRECTO	)R	A	DDRESS		
	DEC 29 197	D Pabe	BE,	AGRED KY	2 M.	Sadows	KI &	SONS, 1	808 E	ASTER	N AV
/S 151-REV. 3/1/6	В										

ELLEY . STEEL SERVE HERE . . .



hospital

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IMPORTANT

DIRECTOR:

FUNERAL

M 460

DI	70 12604 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG.	70 12604			
-	NAME OF DECEASED TO ANIC I IN AMERICANUS					
(Ty	PRANK MILLER	2. DATE Known Month Doy OF DEATH Estimoted	Year Hnur			
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	PRONOUNCED DEAD 12 25	Yeor Hour			
HO	L NAME OF (JE NOT IN HOSEITAL OR INSTITUTION GIVES TREED DEPARTMENT OF THE NOT IN HOSEITAL OR INSTITUTION GIVES TREED DEPARTMENT OF THE NOT IN HOSEITAL OR INSTITUTION GIVES TREED DEPARTMENT OF THE NOT IN HOSEITAL OR INSTITUTION GIVES TREED DEPARTMENT OF THE NOT IN HOSEITAL OR INSTITUTION GIVES TREED DEPARTMENT OF THE NOT IN HOSEITAL OR INSTITUTION GIVES TREED DEPARTMENT OF THE NOT IN HOSEITAL OR INSTITUTION GIVES TREED DEPARTMENT OF THE NOT IN HOSEITAL OR INSTITUTION GIVES TREED DEPARTMENT OF THE NOT IN HOSEITAL OR INSTITUTION GIVES TREED DEPARTMENT OF THE NOT IN HOSEITAL OR INSTITUTION GIVES TREED DEPARTMENT OF THE NOT IN HOSEITAL OR INSTITUTION GIVES TREED DEPARTMENT OF THE NOT IN HOSEITAL OR INSTITUTION GIVES TREED DEPARTMENT OF THE NOT IN HOSEITAL OR INSTITUTION GIVES TREED DEPARTMENT OF THE NOT IN HOSEITAL OR INSTITUTION GIVES TREED DEPARTMENT OR IN HOSEITAL OR INSTITUTION GIVES TREED DEPARTMENT OR IN HOSEITAL OR INSTITUTION GIVES TREED DEPARTMENT OR IN HOSEITAL	12 25	1970 9:28 a			
	) 1516 Baldwin St. 1-8-71	S. USUAL RESIDENCE (Where deceased lived. If Insti A. STATE Maryland B. COUN				
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIE	DE CITY LIMITS?			
T	male white widowed Divorced	Baltimore	YES MO			
	DATE OF BIRTH  10. AGE (In years   # Under 1 Yr. II Under 24 Hrs.  Nonlins Doys Hours Min.	e. STREET AND NUMBER 1516 Baldwin St.				
11.	BIRTH PLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME MAIZK MILLON				
144	USUAL OCCUPATION (Give kind of work 148, KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME				
(	27 Nenter Bulleting	CORA E. Setch				
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS			
	yes 1000 H 1213 16 9987	William S Miller 7	34 West Hills Ru			
	19.3 CAUSE OF DEA	Acute ethylism	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY	C 1.				
	LEADING TO DEATH  (This does not meen the mode of dying, e.g.,  (A) IMMEDIATE (A) IMME					
	heart foilure, osthenio, etc. it means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:				
		niczał coholismx				
	DISEASES OR CONDITIONS IF ANY GIVING DUE TO, OR	AS A CONSEQUENCE OF:				
	UNDERLYING CONDITION LAST.	A SOURCE OF .				
O	(C)					
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
RT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	21. AUTOPSY? (Yes or No)			
Ö	2	PARTIAL				
EDICAL	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or about 22C, WHERE DID (If in Boltimore City, giv				
Ö	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	e bldg., etc.) INJURY OCCUR?				
Σ	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?				
	(APPROX.) WHILE AT WORK AT W	WHILE				
	1 certify that I held on Inquiry   Inspection   Autopsy   and that on this basis, death in my opinion					
	Accident Suicit	Homicide Undetermined monr	ner 🔲			
	ACTUAL SIGNATURE M.C.	ASSISTANT MEDICAL EYAMINED	DATE SIGNED			
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER				
-	NAME (Type) Isidore Mihalakis, M.D.		12-25-70			
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City,	town, or county) (Stote)			
_	BUT12 12-28-70 1/1020/w rid	ye Memph Howard Co	md			
25	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR					
	DEC 29 1970 Robert & Jacker 100 2 Burge Funeral Home Brito Mi					
٧S	VS 151-REV. 1/1/68 By 1/1/108					

Letter from M.E.'s office 1-8-71 M.H.

1	60	BALTIMORE CI	TY HEALTH DEPARTMENT
) ].	sed the the uch		ATE OF DEATH REG. NO. 70 12605
	0 0 C N	1. NAME OF DECEASED (Type or Print)  MARY E SHEFFER	2. DATE AND HOUR OF DEATH  12/24/70 9.15-P.M.
	of Of Ce o ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	a hospital cause of c se; (5) Dece andance or to death.	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	Mary brush  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	rior	Y Gluion Memorial Hospital	Baltingore YES NO [] E. STREET AND NUMBER 1326 Welden Avenue
	- 30 B D	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
	contrib contrib etermin n regul sceased on is ma	WIDOWED DIVORCED	03/16/95   last birthday)   Months Doys Hours Min.
-	in con	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTE dane during mast of working life, even if retired)	D
	dea Ord Und as i	Clerk Life Ins Office	Pennylvania American
<u> </u>	if death irect or c (4) Undet or was in the decision isposition	Harry Weaver	Ella Ney
Z .	stant ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces?  [Yes, 99 of unknown] (If yes, give war ar dates of sorvice)  16. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS
OKIA	また メラッド	100 214-20-3674-	AHARRY B Sheffer 4403 Chapeldatel
D .	S E O P O	DISEASE OR CONDITION DIRECTLY	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	Also, re of noun atter		SUSE Cardiac anust
¥	er. ctur pror	heart foilure, osthenio, etc. if means the disease, injury or complication which caused death.)	6 A CONSEQUENCE OF:
2	fra ho	ANTECEDENT CAUSES	eart attack S A CONSEQUENCE OF:
2	3) A 2) A 2 2 2 3 3 4 2 2 3 3 4 3 3 4 3 3 3 3 3 3	Inse to the above cause (A) stoling the	S A CONSEQUENCE OF:
	is si	UNDERLYING CONDITION lost. (C)	
KAL	medica medica burns, physici an was	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. ACCIDENT WAS UNDERLYING 12B. PLACE OF INJURY (ACCIDENT WAS UNDERLYING 12B. PLACE OF INJU	
2	chief y a m Body the p nysicio	19A- DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2	tai b yr (2) here to ph	OR CONTRIBUTING CAUSE OF home, form, factory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR? (If In Baltimore City, give exact location)
	hosp nature (ept v d (6)	21D. TIME (Month) (Dayl (Year) (Haur) 21E. INJURY OCCURRED While AI  Not Work At Work	21F. HOW DID INJURY OCCUR?
	ppro the any (exc obt	22. I certify that (i) (this heighter) attended the deceased from	12/20 1970 10 12/24 1970
	- D - B	that (i) (44) last saw the deceased alive an 12/24	19and that in(my) (MH) apinion death occurred on the date
1 4	ident of hospital must be a	and hour and fram the couses stated above. (1) (Me) (did) (did) att)	view the bady ofter deoth.
	ccides ccide a hos to de	DEGREE Ph	ending Med. Staff Med. Director Phys. 12/24/70
	certificate m sody was rel 7s: (1) An acc D.O.A. at a l ased prior to	JACQUEJ KHOURY	Union Memorial Hospital
	TA COPE	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CI	EMATORY 24D. LOCATION (City, town, of county) (Stole)
	O T	BURIAL 12 29 70 WIGH CON 25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	PRICE TIMES DESCRIPTION OF PARTIES PA.
1	the show was dece	DEC 29 1970 Pober E. Jarben Man }	BURGEE FUNERAL HOME
		VS 150-REV. 1/1/68	Il Aven Da D



BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 70 12606 20 12606 CERTIFICATE OF DEATH of death Deceased and the BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) L O death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNGED DEAD attendance FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) G HOSPITAL OR cause; C. CLTY OR TOWN D. INSIDE CITY LIMITS? YES Z prior contributing Carver Nursing Home STREET AND NUMBER Undetermined regular is mad 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years MARRIED NEVER MARRIED If Under 1 Y. Months! Days deceased lost birthday WIDOWED 1 DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISLate of 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired? 2 HATHER'S NAME SD 14. MOTHER'S MAIDEN NAME (4) IMPORTANT eath 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes,na or unknown) (If yes, give wor or dotes of service) 17. INFORMANT 6. SOCIAL final ADDRESS SECURITY NO. attendance 9 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med CARDIOVA LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, gular e DUE TO, OR AS A CONSEQUENCE OF: **DIRECTOR:** injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving DUE TO. OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the physician the remains UNDERLYING CONDITION last Mas 11 FUNERAL CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSYTICES OF No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21B. PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) hospital °N DEATH (notify medical examined any nature; MEDI obtained 21D. TIME OF INJURY (Month) (Day) (Year) (Hous) 21 & INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? approved Not While (except White At (APPROX.) and Work At Work 22. I certify that (1) (this hospital) ottended the deceased from eath); that((1) (we) lost sow the deceased alive on. and that Irmy (our) opinion death occurred on the date of hospital and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B DATE SIGNED Ö Attending Phys. 10 Med. Shaff deceased prior to written approval Director 8 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS at Dr. Richard Tyson

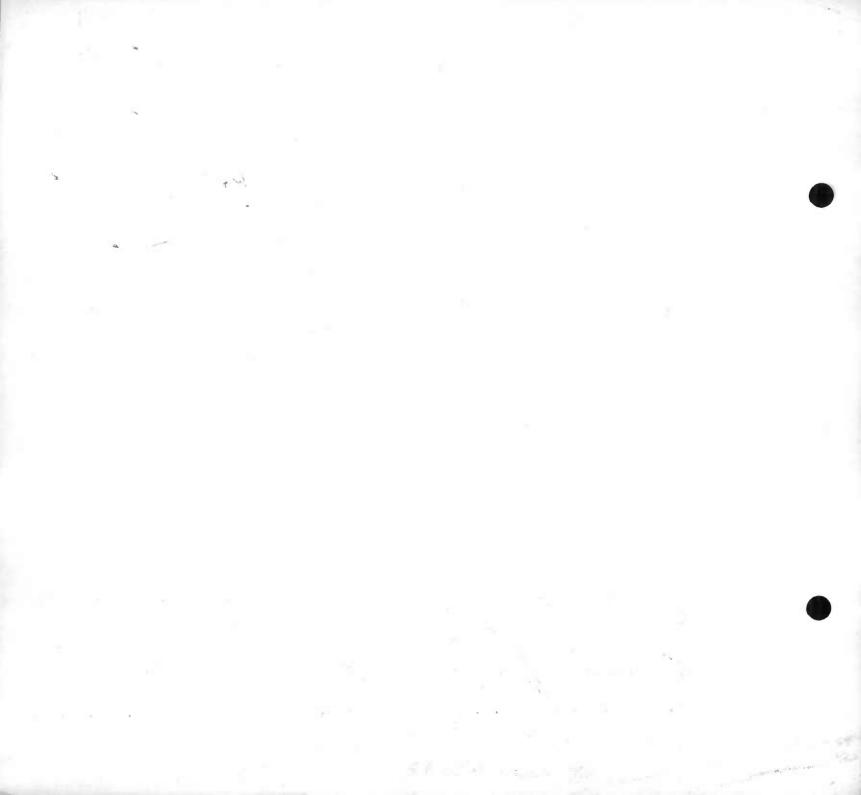
24A. BURIAL CREMATION, REMOVAL ISpecify)

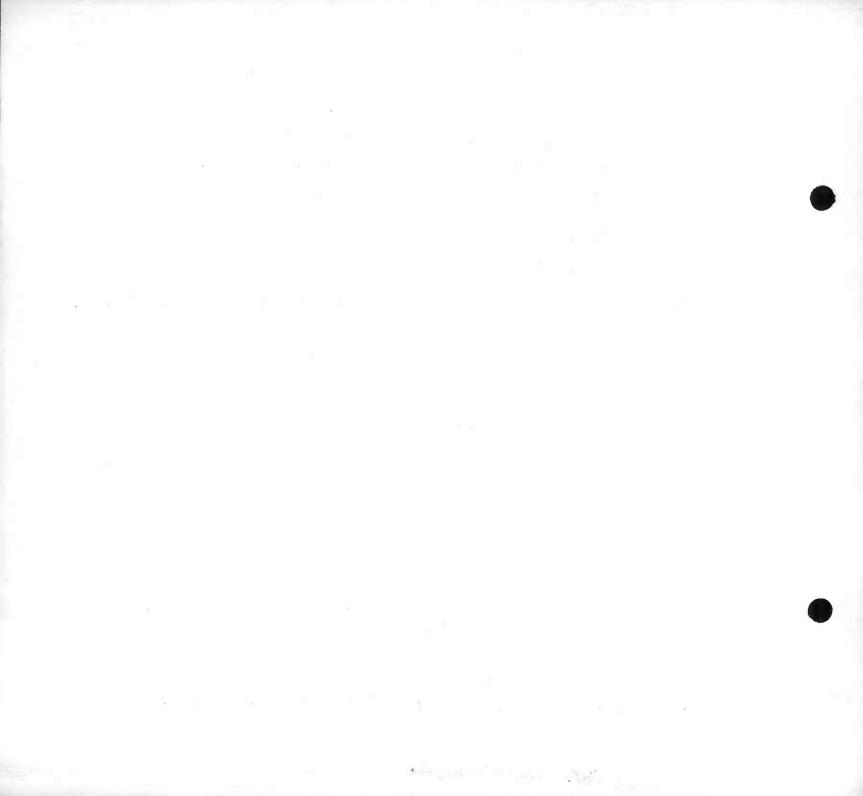
24B. DATE 936 North Avenue DEGREE Balto 24C. NAME of CEMETERY OF CREMATORY ó Calvary Cemetry shows: County Was 1290 FUNERAL DIRECTOR Adolphus Halstead 1206 W VS 150-REV. 1/1/68

NO

If Under 24 Hrs.

APPROXIMATE INTERVAL







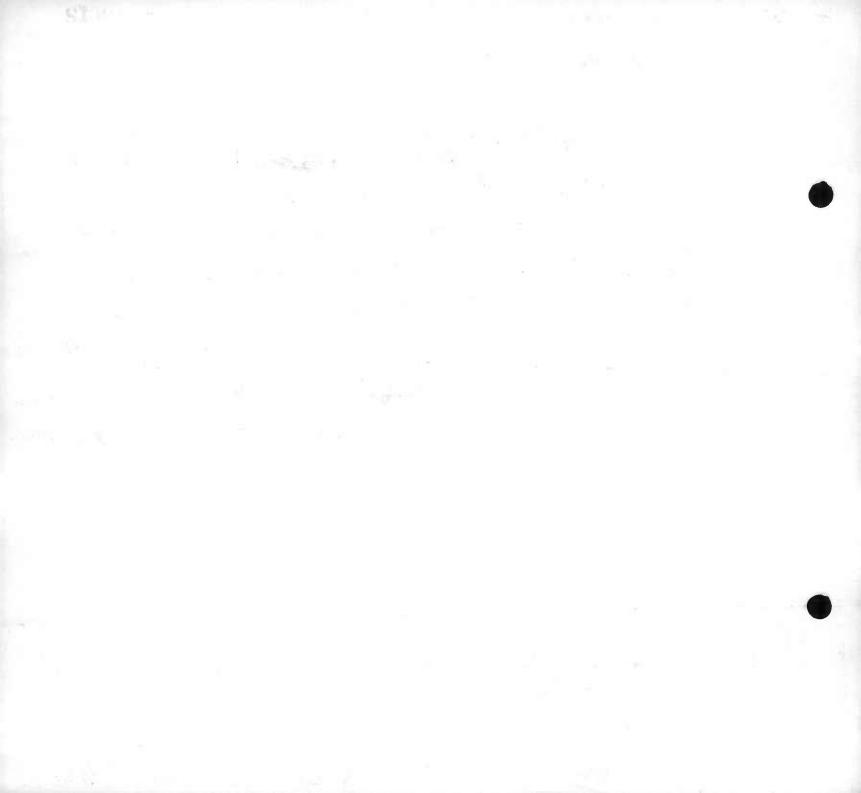


2-3	50	1	70 12610  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF PRACTICE TO THE PROPERTY OF THE PRO
	5 + 6 + 4 c		TH NO. CERTIFICATE OF DEATH
	death death cease on th	1, I (T <sub>)</sub>	John Whitney Bates  2. Date and Hour of Death Dec. 28, 1970  1730  1030
	cause of cause; (5) De tendance	H£.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  IF NOT IN HOSTITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  1-11-71  526 W. University Parkway  4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission)  Maryland  C. CITY OR TOWN Baltimore  E. STREET AND NUMBER  526 W. University Parkway
	occurr ontribu ermine regula eased is mad	10/ doi	6. RACE  MOONTED NEVER MARRIED Short 12-3-1904  WIDOWED DIVORCED 12-3-1904  OSUAL OCCUPATION (Give kind of work log, kin
ż	direct or c direct or c d; (4) Under th was in on the dec	13.	FATHER'S NAME  Whitney Bates  14. MOTHER'S MAIDEN NAME  Blanche Feelemeyer
RTAI	ssistanthe the deat deat	(Ye	Wos Decessed Ever in U. S. Armed Forces?  Inno or unknown) (If yes, give wor or dotes of service)   16. SOCIAL SECURITY NO.   17. INFORMANT ADDRESS  NO 240-07-2952 Mrs. Margaret S. Bates Same
DIRECTOR: IMPORTANT	e approved by the chief medical examiner or his a 1 to the hospital by a medical examiner. Also, if of any nature; (2) Body burns; (3) A fracture of any tal (except where the physician who pronounced th); and (6) No physician was in regular attendative be obtained before the remains are embalmed or	DICAL CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. If means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION lost.  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)  (C)
FUNERAL			OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID   lome, form, foctory, street, office bldg, INJURY OCCUR?
			DEATH (notify medical examined)  21D.TIME (Manth) (Doy) (Year) (Hour)  21E INJURY OCCURRED  While At  Not While  At Work  At Work
			22. I certify that (i) this hospital) attended the deceased from
	relea accidio accidio accidio to a ho or to d		Attending Med. Shoff Director Director Director Director Dr. William G. Helfrich  Dr. William G. William G. Helfrich  Dr. William G. William G. Helfrich  Dr. William G.
	This certificat the body was shows: (1) An was D.O.A. at deceased pric		BURIAL CREMATION, REMOVAL (Specify)  Burial  12-1970  12-1970  12-1970  12-1970  12-28-197
	₹ \$ \$ \$ \$ \$	VS	DFC 29 1970 Robert E. Jarben Red. H. W. Jenkins & Sons Co., Md.

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VS 150-REV. 1/1/68

M.H.



VS 150-REV. 1/1/6B



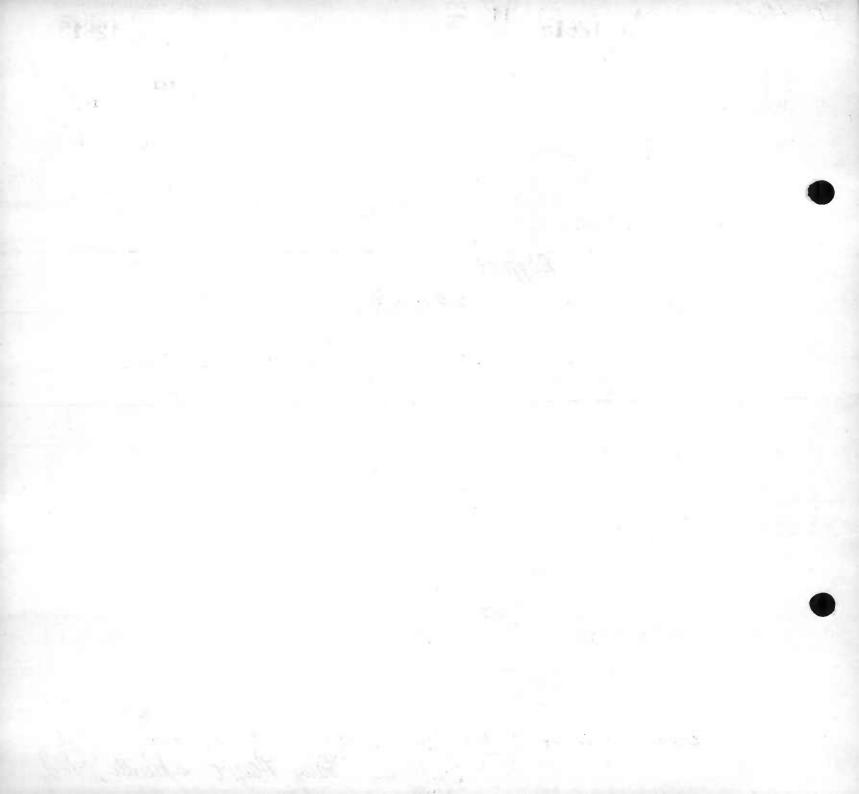
IMPORTANT

DIRECTOR:

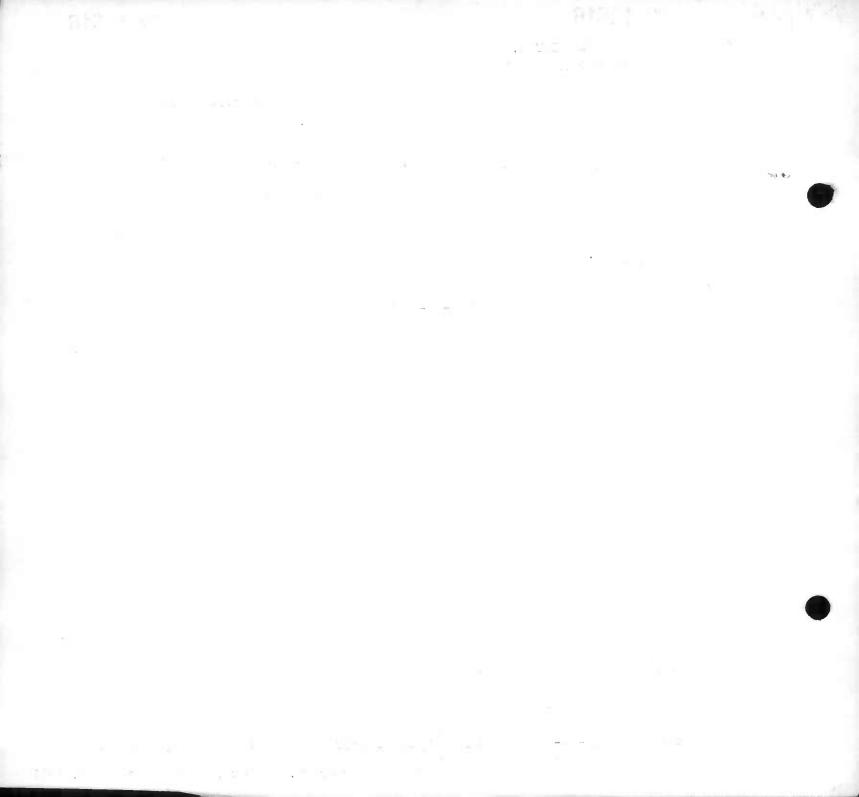
BALTIMORE CITY HEALTH DEPARTMENT

ATH

	BALTIMORE CITY HEALTH DEPARTMENT	
DID.	CERTIFICATE OF DEATH REG. NO.	50 12815
1. N	NAME OF DECEASED 2. DATE AND HOUR OF DEAT	
Тур	Type of Print)  10 RAN  BUPPERT  12-23-70  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY HOW DETERMINED BY STATE BY STATE B. COUNTY HOW DETERMINED BY STATE BY STAT	11:52 /2
3. 1	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	institution; residence before admission)
FII	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET IN A RY CAMD	6310
NO.	TOTAL CO. LONGER OF LONGER	ISIDE CITY LIMITS?
5	1 Ly ARRIOTSUICE	YES NO NO
1	SOUTH BALTIMORE BEN. HOSPE. STREET AND NUMBER RIDGE ROA	3
		D
i. S	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	M WIDOWED DIVORCED 10-12-12 60	
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	TIME KEEPER BETHLEHEM STEEL MARYLAND	45A
13.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	IRVIN BUPPERT ROSENMARY &	CAIRE
15.	S. Was Deceased Ever in U. S. Armed Forces: 16. SOCIAL 17. INFORMANT	ADDRESS
(Tes	Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 212079134 HELETY - W	15E
	18. CAUSE OF DEATH	APPROXIMATE INTERVAL
	7/017	BETWEEN ONSET AND DEATH
	"DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	,
	(This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
	injury at complication which coused death)	7
	ANTECEDENT CAUSES (B). an bolis m ac	Me
	DISEASES OF CONDITIONS If any civing DUF TO OR AS A CONSEQUENCE OF	
	rise to the obove cause (A) stoting the UNDERLYING CONDITION last.  (C) acute ungo cardial de	yarchon
	11	4
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (A).	
IFIC	U 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 20B, IF YES, WER	E FINDINGS CONSIDERED :AUSES OF DEATH?
ERTIF	Le ()	
LC	home, form, foctory, street, office bldg., INJURY OCCUR?	nore City, give exact location)
OA	O DEATH (notify medical examiner)	
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
>	OF INJURY  (APPROX.)  While At Not While Work  At Work	
	22, I certify that (1) (this haspital) attended the deceased from	12 - 23 19 70
	that (I) (we) lost sow the deceased alive an 17 - 23 19 7 0 and that in (my) ((our) of	plnian death occurred on the dat
	ond hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.	
	23A. SIGNATURE	23B, DATE SIGNED
	X: 1: A B. 1/1/1/2/2000 M. O. Attending Med. Stoff Director Phys	12.23-70
	23C. PHYSICIAN'S 23D. ADDRESS	
	23C. PHYSICIAN'S NAME (Type) LICIA B. VILCAFANIA M.D. South Ballo	you. Hosp.
244	QEGREE /	(City town or county)
240	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION	(City, town, or county) (Stote)
1	Durial 12-26-70 The save Cometry - Kandallston	m Ylla.
25A	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 266 FUNERAL DIRECTOR	ADDRESS ADDRESS
	Many Halghat sty	asirelle, 7º44.
15	/S 150-REV. 1/1/6B	



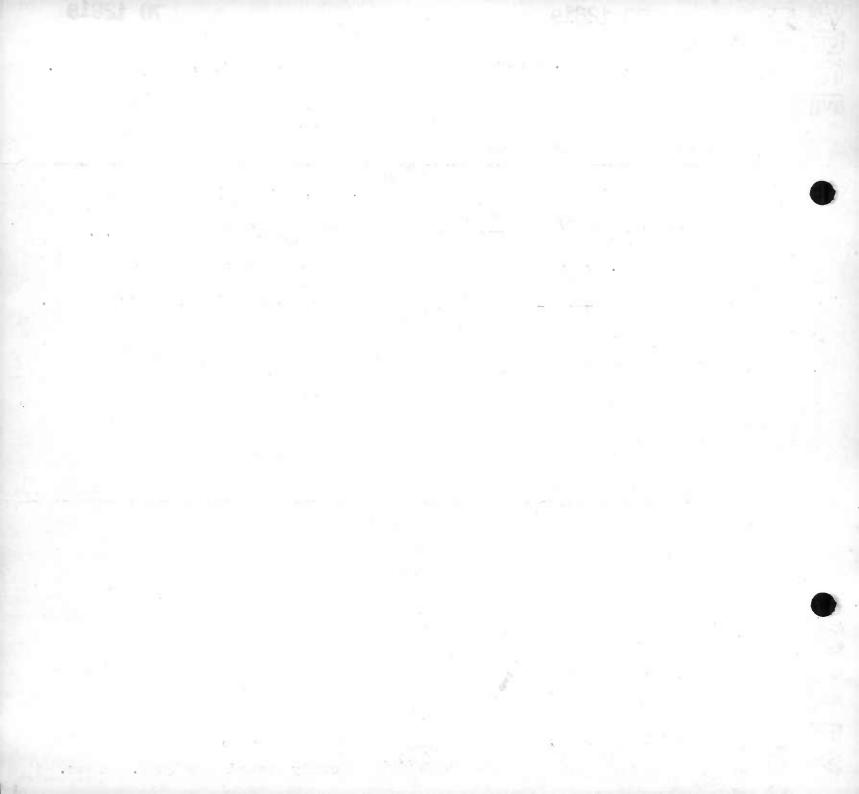
0]	70 12616	BALTIMORE CITY	HEALTH DEPARTMENT	150	10010
the uch	BIRTH NO.	CERTIFICA:	TE OF DEATH	REG. NO.	12616
S	I. NAME OF DECEASED / HARRIET E	2 (	2. DATE AN	D HOUR OF DEATH	12177
- min	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE IWhen	e deceased lived. If institution	12:50 P M.
end o	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTY	TION, GIVE STREET	Md A	TY CONTRACTOR OF THE PROPERTY	1803
	INSTITUTION COURT		C. CITY OR TOWN	D. INSIDE CITY	_
E .	UNIVERSITY 1705/1704		E. STREET AND NUMBER	pard St	NO
0	5. SEX 6. RACE 7. MARRIED	NEVER MARRIED 1	DATE OF BIRTH	9. AGE (In years II Un	der 1 Ya , Il Under 24 Hisa
n regular eceased p on is made	WIDOWED		1-8-88	lost birthdoy) 82 Month	Doys Hours Min.
dece	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF I done during most of working life, even if retired)	BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or loge)	gn countryl 12. C	TIZEN OF WHAT COUNTRY?
the spos	(G/LM Dus O. Brown.	1	4. MOTHER'S MAIDEN NAM	Phillips ?	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or dates of service)	6- SOCIAL	7. INFORMANT	0 00 /	/ ADDRESS
attendance med or fina	37	219-30-4982	Mrs. theor	chre-Matt	-he155 ·
nda	18. 410, 91	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
atte Bed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Probable Ac	ute mysearch	M
bal	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)	(A) IMMEDIATE CAUSI DUE TO, OR AS A	CONSEQUENCE OF:	1 Nfarction	
0 0	ANTECEDENT CAUSES	(B)			
in re	DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoling the UNDERLYING CONDITION last.	(C)	CONSEQUENCE OF:		## \$40 \$40 \$40 \$40 m map and and apopular grey
was	z II	(0)	***************************************		
cian v he ren	O I DIER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  O DISEASE OF CONDITION GIVEN IN PART 164	*******************	######################################		* * * * * * * * * * * * * * * * * * *
S -	198. DATE OF OPERATION 198. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
0 0	OR CONTRIBUTING CAUSE OF home, DEATH (notify medical examine)	ACE OF INJURY le.g., in a form, factory, street, olfic	or about 21 C. WHERE DID	(If in Boltimore City, gi	ive exact location)
obtained	<   OL MINK!	IJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
D B	(APPROXI Work	At Work	_		
op ;	22. I certify that (i) (this hospital) attended the	deceased from	19	tata	19
+ + b	that (i) (we) last saw the deceased alive on	Wa) (dtd) (dtd ===\)t=	19and that	in (my) (our) opinion de	ath occurred an the date
death); a must be of	23A. SIGNATURE	- 1		23 B, D A	TE SIGNED
유급	then H. Duck	Attendi Phys.	ing Med. S	toff hys.	
rior	23C. PHYSICIAN'S NAME (Type)	1 1 100 231	D. ADDRESS		
deceased prior to written approval	24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	E OF CEMETERY OF CREM	ATORY 24D. LOC	CATION	a county (C
fen	Burial 12-28-1970 Howa				
Vrit	258, NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	erd County, Mary	ADDRESS
0 >	VS 150-REV. 17/68	receipt and a	Howard H. Hubb	ard, 4107 Wilke	ens Ave. 21229



Apparate No. • 64

M 263	70 12618  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70	12618
	1. NAME OF DECEASED  (Type or Print)  JOSEPH MC CARTHY    2. DATE   Month   Doy   Year   OF   DEATH   Estimated	Hnur M.
40	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)  3. DATE  PRONOUNCED DEAD  12 24 1970	. М.
99	St. Agnes Hospital (DDA)  5. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE Maryland  B. COUNTY	before odmission)
	ale   B. MARRIED   C. CITY OR TOWN   D. INSIDE CITY (IMITS?   WIDOWED   DIVORCED   Baltimore   YES*	NO 🗆
	June 1, 1938    O.AGE (In years left Under 1 Yr. If Under 24 Hrs.   E. STREET AND NUMBER   Hours   Min.   Hours   Min.   4905 Williston St.	
	New York  12. CITIZEN OF WHAT COUNTRY? U.S.A.*  Lawrence McCarthy	
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even If retired)  Printer  Margaret Martin	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (If yes, give wor or doles of service) SECURITY NO. 050-30-3553 Mrs. Nancy L. McCarthy, 4905 Will	21229 iston St.
	19. CAUSE OF DEATH	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	(This does not meon the mode of dying, e.g., heart loilure, asthenia, etc. It means the disease, injury or complication which caused death.)  (A) IMMEDIATE CAUSE Acute ethylism  DUE TO, OR AS A CONSEQUENCE OF:	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (b)  DUE TO, OR AS A CONSEQUENCE OF:  (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  Arteriosclerotic cardiovascular disease	**************************************
		PSY? (Yes or No)
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (if in Boltimore City, give exact location) home, form, foctory, street, office bidg., etc.) INJURY OCCUR?	
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  MHILE AT WORK AT WORK	
	23.    Certify that   held an   Inquiry   Inspection   Autopsy   ond that on this basis, death in my opinion	
	ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL  ACTUAL  SIGNATURE  ACTUAL	DATE SIGNED
	EXAMINER'S NAME (Type)  Isidore Mihalakis, M.D.  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  REMOVAL (Specify)  ASSOCIATE MEDICAL EXAMINER  24D. LOCATION (City, town, or county, town, or county)	
100	Buria 1 12-29-70 St. Peters & St. Pauls Cem. Chemuug County, New 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 25C. F	
	DEC 3 1970 048-18 E. Jakes Mard H. Hubbard, 4107 Wilken vs 151-Rev. 1/1/68	s Ave. 21229

Letter from M.E.'s office 2-16-71 M.H.



R 543

pe or Print)	SED			2. DATE Known Month Day Year Hour	-
	Frank W			OF DEATH Estimated	
PLACE IN BALTIM	ORE, MARYLAND, Y	VHERE P	RONOUNCED DEAD	3. DATE Month Day Year Hour	
ILL NAME OF DSPITAL R INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INS	TITUTION, GIVE STREET	PRONOUNCED DEAD 12 25 70 8:  5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before	-
	303 Edsdale	Rd.		A STATE Maryland Baltimore 28	64
SEX 7.	RACE	8. MARI	RIED NEVER MARR	ED C. CITY OR TOWN D. INSIDE CITY LIMITS?	
male	white	WIDON	VED EX DIVOR		
Aug. 2, 188	B 1	yeors (v) 89	H Under   Yr. If Under Months   Days   Hours	24 Hrs. IE. STREET AND NUMBER	
	e ar fareign country)		12. CITIZEN OF WHAT COUNTRY USA	13. FATHER'S NAME	
West Virg	TION (Give kind at work)	148. KINI	OF BUSINESS OR IN	William Owens Reynolds DUSTRY 15. MOTHER'S MAIDEN NAME	
	king life, even if relired) eper - B&O			Fannie Calihan	
WAS DECEASED	EVER IN U.S. AR MED	FORCE	7 IT. SOCIAL	18. INFORMANT ADDRESS	
NO	yes, give wor or doles	of service	SECURITY N	Bess Tatman -2163 A Via Mara Posa	
19. 11 10	41		CAUSE (	F DEATH Laguna Hills East, Calif. 92653 APPROXIMA	TE INTERVA
heart tailure, asi	mean the made of dy thenia, etc. It means the cation which caused dec	disease,	DUE	O, OR AS A CONSEQUENCE OF:	• • • • • • • • • • • • • • • • • • • •
ANTE DISEASES OR RISE TO THE AL UNDERLYING	thenia, etc. It means the cation which caused deceptor CAUSES CONDITIONS, IF ANY BOVE CAUSE (A) STAT CONDITION LAST.	disease, alh.) /, GIVING IING THE	(C)	O, OR AS A CONSEQUENCE OF:  O, OR AS A CONSEQUENCE OF:	
ANTE DISEASES OR CRISE TO THE ALL UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	thenia, etc. It means the cation which caused decement CAUSES CONDITIONS, IF ANY BOVE CAUSE (A) STATE CONDITION LAST.  III CANT CONDITIONS CO. I BUT NOT RELATED TO NOT MOT NOT NOT NOT NOT NOT NOT NOT NOT NOT N	disease, other individual of the individual of t	(B) DUE (C)	O, OR AS A CONSEQUENCE OF:	
ANTE DISEASES OR RISE TO THE AI UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	thenia, elc. It means the cation which caused decement CAUSES CONDITIONS, IF ANY BOVE CAUSE (A) STAT CONDITION LAST.  II CANT CONDITIONS CO I BUT NOT RELATED TO NOTION GIVEN IN PAPPERATION 208. CON	disease, ath.)  (, GIVING THE DONTRIBUTHE TERM ART 1 (A)	(B) DUE (C)	O, OR AS A CONSEQUENCE OF:  O, OR AS A CONSEQUENCE OF:  ON WAS PERFORMED  21. AUTOPSY? (	Yes or No)
ANTE DISEASES OR CRISE TO THE ALL UNDERLYING  OTHER SIGNIFICATION TO THE DEATH DISEASE OR CO  20A. DATE OF OR  22A. EXTERNAL UNDERLYING  UNDERLYING  UTING CAUSE	thenia, elc. It means the cation which caused decation which caused decation which caused decations. If any BOVE CAUSE (A) STATE CONDITION LAST.  III CANT CONDITIONS CO. I BUT NOT RELATED TO DECATE TO DECAT	disease, ath.)  (, GIVING THE DONTRIBUTHE TERM ART 1 (A)	(B) DUE (C)	O, OR AS A CONSEQUENCE OF:  O, OR AS A CONSEQUENCE OF:  DN WAS PERFORMED  21. AUTOPSY? (	Yes or No)
ANTE DISEASES OR . RISE TO THE AI UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO  20A. DATE OF OR  22A. EXTERNAL UNDERLYING UNDERLYING UNING CAUSE 22D. TIME (MO OF INJURY (APPROX.)	thenia, elc. It means the cation which caused decation which caused decation which caused decations. If any BOVE CAUSE (A) STATE CONDITION LAST.  III CANT CONDITIONS CO. I BUT NOT RELATED TO DECATE TO DECAT	disease, aih.)  (, GIVING ING THE CONTRIBUTING THE TERMART I (A)	(B) DUE  (C) TING INAL FOR WHICH OPERATION 22B.PLACE OF INJUIT home, form, factory, street	O, OR AS A CONSEQUENCE OF:  O, OR AS A CONSEQUENCE OF:  ON WAS PERFORMED  21. AUTOPSY? (  DO  Y(e.g., In ar about 22C, WHERE DID (II in Baltimore City, give exact location) et, office bidg., etc.) INJURY OCCUR?	Yes or No)
ANTE DISEASES OR . RISE TO THE AI UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO  20A. DATE OF OR  22A. EXTERNAL UNDERLYING UTING CAUSE 22D. TIME (Mo OF INJURY (APPROX.)	thenia, elc. It means the cation which caused decepted to the caused decepted to the caused decepted to the caused decepted to the caused to t	disease, aih.)  (, GIVING ING THE CONTRIBUTING THE TERMART I (A)	(B) DUE  (C) COLUMN (C	O, OR AS A CONSEQUENCE OF:  O, OR AS A CONSEQUENCE OF:  ON WAS PERFORMED  21. AUTOPSY? (  DO  Y(e.g., In ar about 22C, WHERE DID (II In Baltimore City, give exact localion) et, office bidg., etc.) INJURY OCCUR?  RRED.  NOT WHILE  AT WORK	Yes or No)
ANTE DISEASES OR RISE TO THE AI UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO  20A. DATE OF OI  22A. EXTERNAL UNDERLYING UNDERLYING UNDERLYING 22D. TIME (Mo OF INJURY (APPROX.)  23.  I certify	thenia, elc. It means the cation which caused december causes (A) State CONDITIONS, IF ANY BOVE CAUSE (A) STATE CONDITION LAST.  CANT CONDITIONS CONDITIONS CONDITION GIVEN IN PAPERATION 208. CONDITION CONDITIONS CONDITIO	disease, alh.)  (, GIVING ING THE DNTRIBUTHE TERMANT 1 (A)  NDITION  (House, 1) (House, 2) (House,	(B) DUE  (C)	O, OR AS A CONSEQUENCE OF:  O, OR AS A CONSEQUENCE OF:  ON WAS PERFORMED  21. AUTOPSY? (  DO  Y(e.g., In ar about 22C, WHERE DID (II in Baltimore City, give exact localion)  RRED. 22F. HOW DID INJURY OCCUR?  NOT WHILE AT WORK  and that on this basis, death in my opinion	Yes or No)
ANTE DISEASES OR RISE TO THE AI UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO  20A. DATE OF OI  22A. EXTERNAL UNDERLYING CAUSE 22D. TIME (Mo OF INJURY (APPROX.)  23.  i certify resuited	thenia, elc. It means the cation which caused decepted to the caused decepted to the caused decepted to the caused decepted to the caused to t	disease, alh.)  (, GIVING ING THE DNTRIBUTHE TERMANT 1 (A)  NDITION  (House, 1) (House, 2) (House,	(B) DUE  (C)  TING INAL  FOR WHICH OPERATION  22B. PLACE OF INJUINATION  10 22E. INJURY OCCUMENT  WHILE AT  WORK	O, OR AS A CONSEQUENCE OF:  O, OR AS A CONSEQUENCE OF:  ON WAS PERFORMED  21. AUTOPSY? (  DO  Y(e.g., In ar about 22C, WHERE DID (II in Baltimore City, give exact localion)  RRED. 22F. HOW DID INJURY OCCUR?  NOT WHILE AT WORK  and that on this basis, death in my opinion	Yes or No)
ANTE DISEASES OR. RISE TO THE AI UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO  20A. DATE OF OI  22A. EXTERNAL UNDERLYING UTING CAUSE 22D. TIME OF INJURY (APPROX.)  23.  I certify resuited  ACTUAL	thenia, elc. It means the cation which caused decation which caused decation which caused decation which caused decation which caused decations. If any BOYE CAUSE (A) STAT CONDITIONS CONDITIONS CONDITIONS CONDITIONS GIVEN IN PAPERATION 208. CONDITIONS CONTRIB.  1 CAUSE WAS OR CONTRIB.  2 OF DEATH.  1 Initial (Day) (Year that I held an Inform: Natural causes)	disease, alh.)  (, GIVING ING THE DNTRIBUTHE TERMANT 1 (A)  NDITION  (House, all the properties of the	(B) DUE  (C)	O, OR AS A CONSEQUENCE OF:  O, OR AS A CONSEQUENCE OF:  ON WAS PERFORMED  21. AUTOPSY? ( INO  Y(e.g., in ar about 22C, WHERE DID (il in Baltimore City, give exact location) et, office bidg., etc.) INJURY OCCUR?  RRED.  AT WORK  22F. HOW DID INJURY OCCUR?  AT WORK  AT WORK  On that on this basis, death in my opinion  CHIEF MEDICAL EXAMINER  DATE:	Yes or No)
ANTE DISEASES OR RISE TO THE AI UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO  20A. DATE OF OI  22A. EXTERNAL UNDERLYING CAUSE 22D. TIME (Mo OF INJURY (APPROX.)  23.  i certify resuited	thenia, elc. It means the cation which caused decation which caused decation which caused decation which caused decation which caused decations. If any BOVE CAUSE (A) STAT CONDITIONS CO.  I BUT NOT RELATED TO DODITION GIVEN IN PAPERATION 208. CON L. CAUSE WAS COR CONTRIBLE OF DEATH.  Inih) (Day) (Year that I held an I from: Natural causes.	ONTRIBUTHE TERM	(B) DUE  (C)  [ING INAL  FOR WHICH OPERATION OF FORM, form, factory, sire with the content of th	O, OR AS A CONSEQUENCE OF:  O, OR AS A CONSEQUENCE OF:  ON WAS PERFORMED  21. AUTOPSY? ( IND  Y(e.g., in ar about 22C, WHERE DID (II in Baltimore City, give exact location)  RRED 1	SIGNED
ANTE DISEASES OR RISE TO THE AI UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO  20A. DATE OF OI  22A. EXTERNAL UNDERLYING  21D TIME (Mo OF INJURY (APPROX.)  23.  I certify resulted  ACTUAL SIGNATURE EXAMINER'S NAME (Type	thenia, elc. It means the cation which caused decation which caused decation which caused decation which caused decation which causes (A) STATE CONDITIONS	ONTRIBUTHE TERM	(B) DUE  (C)  [ING INAL  FOR WHICH OPERATION OF FORM, form, factory, sire with the content of th	O, OR AS A CONSEQUENCE OF:  O, OR AS A CONSEQUENCE OF:  ON WAS PERFORMED  21. AUTOPSY? (  DO  Y(e.g., in ar about 22C. WHERE DID (it in Baltimore City, give exact localion) et, office bidg., etc.)  INJURY OCCUR?  RRED  NOT WHILE AT WORK  AUTOPSY On the state of this basis, death in my opinion  Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  DATE:  Deputy Chief Medical Examiner  12/26/	SIGNED
ANTE DISEASES ORI RISE TO THE AL UNDERLYING  OTHER SIGNIFIK TO THE DEATH DISEASE OR CO  20A. DATE OF OR  UNDERLYING  22A. EXTERNAL UNDERLYING  UNDERLYING  22D. TIME (Mo OF INJURY (APPROX.)  23.  I certify resulted  ACTUAL SIGNATURE EXAMINER: NAME (Type	thenia, elc. It means the cation which caused decation which caused decation which caused decation which caused decation which causes (A) STATE CONDITIONS	ONTRIBUTHE TERMART 1 (A)  ON (Houndary E	(B) DUE  (C)  TING INAL  FOR WHICH OPERATION  22B. PLACE OF INJUINATION  10 22E. INJURY OCCUMULE AT MACCIDENT  Accident  LZ, M.D.  24C. NAME of CEN	O, OR AS A CONSEQUENCE OF:  O, OR AS A CONSEQUENCE OF:  ON WAS PERFORMED  21. AUTOPSY? (  DO  Y(e.g., in ar about 22C. WHERE DID (it in Baltimore City, give exact localion) et, office bidg., etc.)  INJURY OCCUR?  RRED  NOT WHILE AT WORK  AUTOPSY On the state of this basis, death in my opinion  Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  DATE:  Deputy Chief Medical Examiner  12/26/	SIGNED

DESCRIPTION OF THE PROPERTY OF

	172001	70 12621 BALTIMORE CITY HEALTH DEPARTMENT
	o the ch	BIRTH NO. HACK CERTIFICATE OF DEATH
	of deot Of deot Decease e on th	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH  1. DATE AND HOUR OF DEATH  1. DATE AND HOUR OF DEATH
	of of Dec	3. PLACE AN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, It institution; residence before admission)
	hosi ise (5) anc dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET A. STATE B. COUNTY ADDRESS OR LOCATION)
	cau use; tend	D. INSIDE CITY LIMITS?  YES NO N
	ting d co d co prior	E. STREET AND NUMBER 4001 W. NORTHERN PKWY., APT.C.
	Sirie De E	5. SEX 6. RACE WHITE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years If Under 1 VI. If Under 24 Hrs.
	occontrontrontrontrontrontrontrontrontrontr	W WIDOWED DIVORCED // - 83
	or condeternation	some curing max or warking life, even if refired)
	deo Und as i	HOUSEWIFE AT HOME LATVIA USA
	if d rect (4) U wa the spos	146 MOTHER'S MAIDEN NAME
ラ		ABRAHAM SWIDGALL UNKNOWN
A	2000	15. Was Deceased Ever in U. S. Armed Foices? (Yes, na ar unknawn) (II yes, givo wai oi doles of service)  16. SOCIAL 17. INFORMANT ADDRESS
2	fin d'A	NO 212-32-2151A MRS. MAE SHAPOS, 4001 W.NORTHERN PKWY., APT.C
IMPORTANT	his a: lso, if of any unced tenda	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	Als Als att	
.: .:	niner. actur pron ular mboli	(A) IMMEDIATE CAUSE SEPTICAEMIA WITH  (This does not moon the mode of dying, e.g., heat followed to be discussed injury or complication which caused death.)  (A) IMMEDIATE CAUSE SEPTICAEMIA WITH  DUE TO, OR AS A CONSEQUENCE OF: PNEUMONIA
CTOR	fr fr ho egu	ANTECEDENT CAUSES
	3) A	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF:  nise lo lhe obave (cause (A) sloling lhe
DIRE	1 (3 an sir	UNDERLYING CONDITION tast, (C)
_ :	dicol	z II
ZA A	med med bu phy an	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  194-DATE OF OPERATION 178. CONDITION FOR WHICH OPERATION WAS PERFORMED  204-AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UNER	2 - 5 - 5 - 6	19A-DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	by a by a () Boc s the hysi	U 21A ACCIDENT WAS UNDERLYING TO 1218 PLACE OF INJURY (12 12 22 22 22 22 22 22 22 22 22 22 22 2
ш.	y the ital by e; (2) rhere No ph befor	OR CONTRIBUTING CAUSE OF home, factory, street, office bidg., INJURY OCCUR?
		21D. TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	hosp naturcept vept vept vept vept vept vept vept v	(APPROX.)  While At Work  Not While At Work
	the exe an	22. i certify that (i) (this haspital) attended the deceased from 12/20 1970 to 12/25 1970
	of of all (h);	that (1) (we) last saw the deceased alive an 12/25 1970 and that in (my) (aur) apinian death accurred an the date
	ased to dent of spital death) nust be	and have and from the causes stated above. (i) (We) (dld) ( <del>did not)</del> view the bady after death.
	5000	23A. SIGNATURE  23B. DATE SIGNED  (27) 27-
	a h	Phys. Director Phys.
	This certificate m the body was reli shows: (1) An acc was D.O.A. at a f deceased prior to	23C. PHYSICIAN'S NAME (Type) S. BASU 7,2 Chikelan Hospital & Maryland
	A P B B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
	Dod D.C D.C	BURIAL 12-27-170 WORKMEN CIRCLE BALTIMORE, MARYLAND
	This cer the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR
i		
		VS 150-REV. 1/1768

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IMPORTAN

DIRECTOR:

FUNERAL

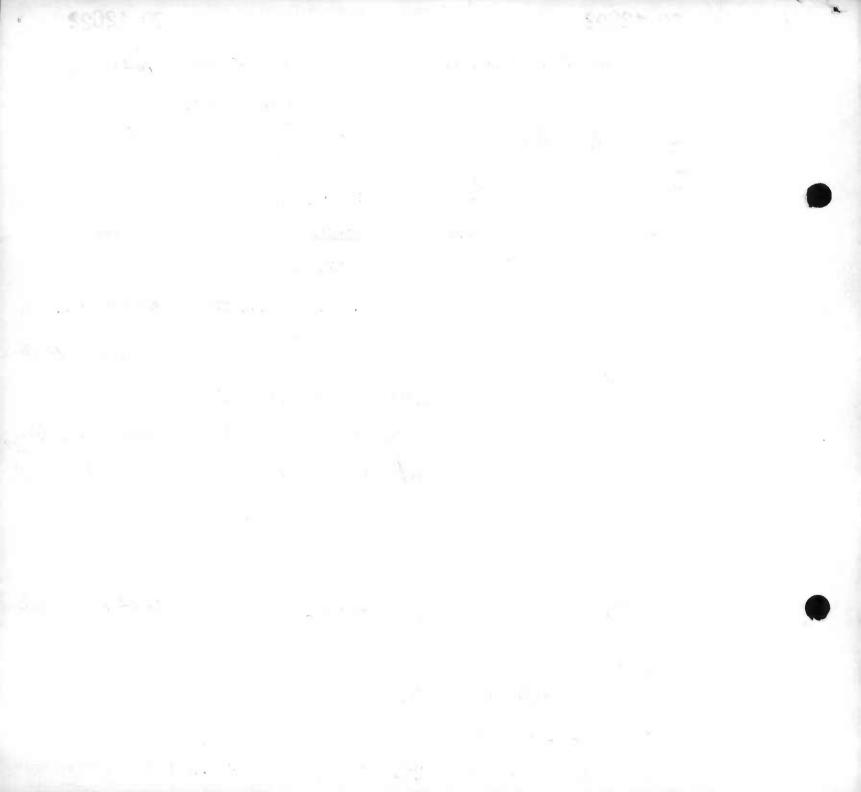
approved

VS 150-REV. 1/1768

NO

Hours

II Under 24 Hrs.



	70 12623		HEALTH DEPARTMENT	М	70 12623				
	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	10 12029				
	(Type or Print) Shidow LOUIS		2. DATE AND	HOUR OF DEATH	11245				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS	NCED DEAD		leceasod lived. Il insi	titution: residence before odmission)				
	HOSPITAL OR HOSPITAL OR INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION)	TION, GIVE STREET	Maryland	Balan	nane 2831				
	LEVERIALE Hebrew	flome	Bakimare		YES NO T				
9	of Infinmans		E. STREET AND NUMBER 5500 NOME AVE		123 140 1				
9000	5. SEX   6. RACE WHITE   7. MARRIED	NEVER MARRIED			fl Under 1 Yr., if Under 24 Hrs.				
E	WIDOWED K.	A DIVORCED	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	birth day	tl Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
E0	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF Education done during most of working life, even if relired)			country)	12. CITIZEN OF WHAT COUNTRY?				
position	PROPRIETOR SHOE	REPAIR	RUSSIA		USA				
Spo	? SNIDER		UNKNOWN						
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	NO 118.	218-32-4991		OLSKY, 650	6 HAL COURT #21209				
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL							
	LEADING TO DEATH (This does not meon the mode of dying, e.g.,	(A) IMMEDIATE CAU		Prostatio					
	heart failure, asthenio, etc. It means the disease, injury at camplication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF: CARO	Hon H	/				
	ANTECEDENT CAUSES	(8)							
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	***************************************				
	UNDERLYING CONDITION last.	(c)	***************************************						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1	\$#####################################	20 000 km km 4000 km 20 00 00 00 00 00 00 00 00 00 00 00 00						
	19A. DATE OF OPERATION 19B. CONDITION FOR WH	IICH OPERATION	20A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FIN	IDINGS CONSIDERED				
2	OR CONTRIBUTING CAUSE OF home, etc.)	ACE OF INJURY (e.g., in farm, factory, street, affi	ar about 21 C. WHERE DID ce bidg., INJURY OCCUR?		City, give exoct lacotion)				
3	OF INJURY (Month) (Day) (Year) (Hour) 21E, IN	JURY OCCURRED	21F. HOW DID INJURY	OCCUR?					
	Wark	At Wark		210					
	22. I certify that (f) (this hospital) ottended the that (f) (we) last saw the deceased olive on	deceased from	and the same of th	08 to 2)					
	and haur and from the causes stated obove.		ew the bady after death.	our) opinic	on death occurred on the date				
	23A SIGNATURE	7			B. DATE SIGNED				
	23C, PHYSICIAN'S NAME (Type)	DEGREE Phys.	ding Med. Staff Director Phys  3D. ADDRESS	X	21/Dec 70				
	MORRIS OFTROIL	MI) DEGREE	Levindale H	else EW	Home + Infirman				
	24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 12-28-70 AHAV			TION (City.	tawn, or county) (Stole)				

24A. BURIAL CREMATION, REMOVAL (Specify)

BURIAL

12-28-70

AHAVASH SHALOM

ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.

DFC 30 1970

Communication (City, town, or county)

ROSEDALE, MARYLAND

25C. FUNERAL DIRECTOR:

SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1768



Such

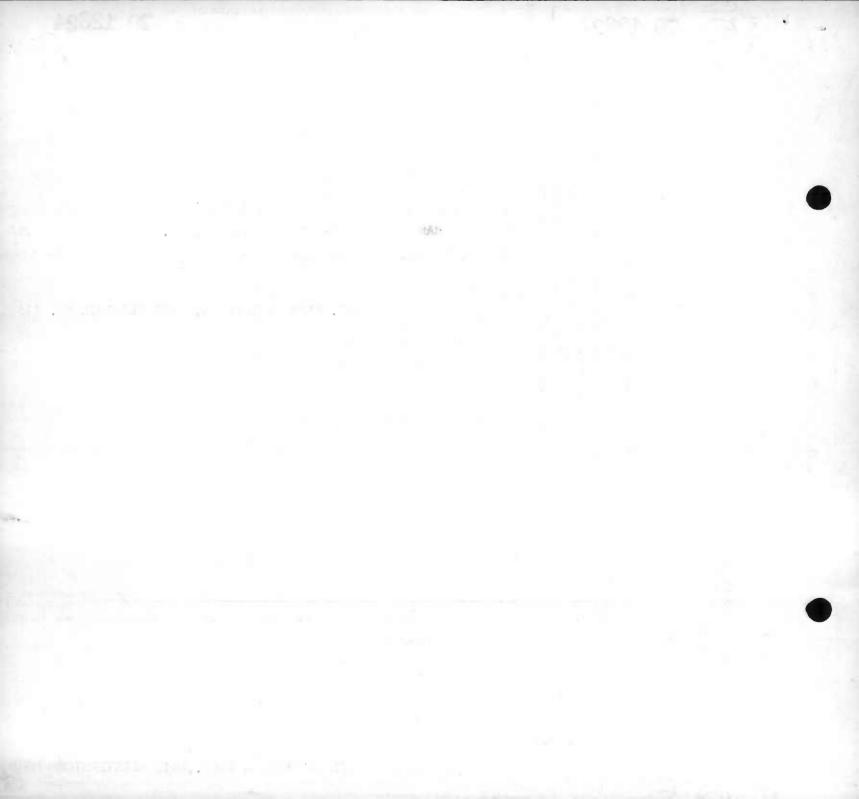
a hospital

	BALTIMORE CITY HEALTH DEPARTMENT
70 12624	CEPTIEICATE OF DEATH

E OF DEATH

REG. NO.

BIRTH NO.	AL OI DEATH
1. NAME OF DECEASED (Type or Print) DANIEL WALDERMAN	2. Date and hour of death 12/24/70 10,30 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)  A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland  C. CITY OR TOWN  D. INSIDE CHY LIMITS?
111.	Baltimore YES NO 1
Gluion Memorial Hospital	E. STREET AND NUMBER 3913 Clarify Road
SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
MALE WIDOWED DIVORCED	01   18   21   lost birthdoy   Months Doys Hours   Min.
one during most of working lile, even if retired)  Office Worker STATE OF	KXXXXXX BALTIMORE, MD. American USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Paul Waldenman	Clara Raphael
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS
NO A	MRS, CLARA WALDERMAN, 3913 CLARINTH RD. #15
18. CAUSE OF DEATH	
iise lo lhe obove couse (A) sloling lhe UNDERLYING CONDITION lost.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	A CONSEQUENCE OF:    20A. AUTOPSY? (Yes or No)  20B, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of DEATH (notify medical examiner)	n or about 21C. WHERE DID (If In Boltimore City, give exoct location)
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Mork At Work	
22. I certify that W (this hospital) attended the deceosed from	12/23 19/0 10 12/24 19/0
that (1) (we) last saw the deceased alive an 12 124	19 70 and that in (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not) v	riew the body after death.
23A. SIGNATURE  Atheretical Action (Control of the Control of the	anding Med. Staff Med. Director Phys. 12/24/70
	Union Memorial Hospital
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CRI	EMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 12-27-70 WORKMAN CIRCLE	BALTIMORE, MARYLAND
DEC 3 U 1970 Value & Salar &	250. FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
S 150-REV. 1/1/6B	



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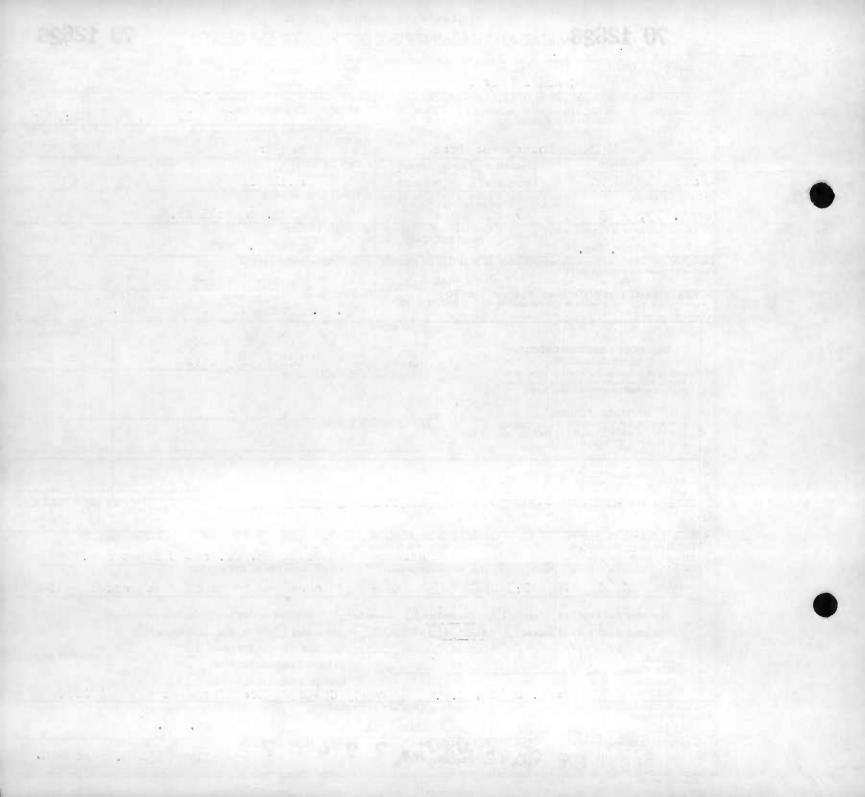
70	12625MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH	70	12625
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BIRTH NO.	REG. NO.							
I. NAME OF DECEASED	2. DATE Known Manth Day Year Hour							
(Type or Print) Elizabeth Anne Bakutis	OF Salarad D							
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Yeor Hour							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD							
HOSPITAL ÀDDRESS OR LOCATION) OR INSTITUTION	12 24 70 6:10 p N  5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission)							
	A. STATE B. COUNTY							
Bolton Hill Nursing Home	Maryland /803							
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
female   white   widowed ✓ DIVORCED □	Baltimore YES NO							
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr, II Under 24 Hrs. Months, Days, Hours, Min.								
4-23-1887   lost bighdoy)   Months   Days   Hours   Min.	848 W. Lombard St.							
1. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	, 13. FATHER'S NAME							
Lituaria WHAT COUNTRY? WS	Gasparas Rublinuckas							
4A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTR	TY 15. MOTHER'S MAIDEN NAME							
lone during most of working life, even If retired) Tailoring	Mem							
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS							
Yes, no or unknown) (if yes, give wor or dotes of service) SECURITY NO.	1 Drs Agnes Owens 6138 Parkway Dr							
19. 10 no 21/07 5021A								
"41241 TA 8 Y CAUSE OF DEA	BETWEEN ONSET AND DEAT							
DISEASE OR CONDITION DIRECTLY								
LEADING TO DEATH (A)IMMEDIATE (								
heart tollure, osthenio, etc. it meons the disease,	AS A CONSEQUENCE OF:							
injury or complication which coused debin.)	Injury or complication which coused death.)							
ANTECEDENT CAUSES (6) Arteri	ANTECEDENT CAUSES (6) Arteriosclerotic cardiovascular disease							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:							
LINDERLYING CONDITION LAST.								
0								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
O TO THE DEATH BUT NOT RELATED TO THE TERMINAL Fract	ure of left hip							
OF CO.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  PROPERTY OF OPERATION 208. CONDITION FOR WHICH OPERATION W.	VAS PERFORMED [21. AUTOPSY? (Yes or No)							
Ö	no							
22A. EXTERNAL CAUSE WAS   228. PLACE OF INJURY (e.g.,	, in or about 22C. WHERE DID (If in Baltimore City, give exact location)							
O LINDERLYING TO PONTRIR. Shome, form, foctory, street, offic	ce bidg., etc.) INJURY OCCUR?							
UTING CAUSE OF DEATH. Street  22D. TIME (Month) (Day) (Yeor) (Hour)   22E.INJURY OCCURRED	unit block of Fremont Ave.							
OF INJURY WHILE AT - NOT								
	work assault and purse snatching							
	where the send that are this hould doubt to any collator.							
	utopsy and that on this basis, death in my opinion							
	de Homicide Undetermined manner							
ACTUAL Mellenest State	CHIEF MEDICAL EXAMINER DATE SIGNED							
SIGNATUREM.D	D. ASSISTANT MEDICAL EXAMINER							
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER							
	Deputy Chief Medical Examiner 12/26/70							
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, ar caunty) (State)							
Burial 12-28-70 Gost Holy Rede	Balto Nd							
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	23e. FUNERAL DIRECTOR ADDRESS							
DEC 30 1970 Robert E. Falley M. J.	or of hagas of Kerry Inc 1600 Hollins St							
VC Labory Volume	- 1							

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		DATE HANDLE CHILL	IENETH PENNITHERA			The state of the s
70	12626MEDICAL	EXAMINER'S	CERTIFICATE O	OF DEATH PEG NO	-70	12626

BIRTH NO.	REG. NO.
I. NAME OF DECEASED (Type or Print)  Charles C  Grams	2. DATE Knawn   Manth Day Year Hour OF DEATH Estimated   M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 27 70 3:30 a M.
1111	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
Union Memorial Hospital	Maryland  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
MARKIED LI INCAER MARKIED	
MIDONED DITORCED 22	Baltimore YES X NO L
9. DATE OF BIRTH Sept. 13, 1923 10. AGE (In years   if Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.	13 E. Randall St.
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME
Balto. Md. WHAT COUNTRY?	Charles F. Grams
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)  Chauffeur  Tank Truck	Catherine Rehmert
16. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) Yes # 2  SECURITY NO.	Wm. B. Grams 1447 Patapsco St.
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE CAUSE Multiple injuries	
(This does not mean the made of dying, e.g., beart foilure, osthenia, etc., it means the disease.	
Injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No.)	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
22A. EXTERNAL CAUSE WAS  22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (it in Baltimore City, give exact location)  NOTICE INJURY OCCUR?	
☐ UTING ☐ CAUSE OF DEATH. Street Druid Pk. Dr. and Chipper Ave.	
OF INJURY  (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
(APPROX.) 12 24 70 12:54 m. WORK pole	
23.	
i certify that I held an Inquiry Inspection X Autopsy and that on this basis, death in my opinion	
resulted from Natural causes Accident & Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER	
ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED	
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	
NAME (Type) Werner U. Spitz, M.D. De	ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner 12/27/70
24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY or CREMATORY   24D. LOCATION (City, town, or county) (State)	
REMOVAL (Specify) Burial 12 30 70 Cathedr	al Balto. Md.
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 30 1970 Robert E. Janber, M. M. Cully 130 E. Fort ave.	
VS 151-REV. 1/1/68	



70 12627

hospital

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

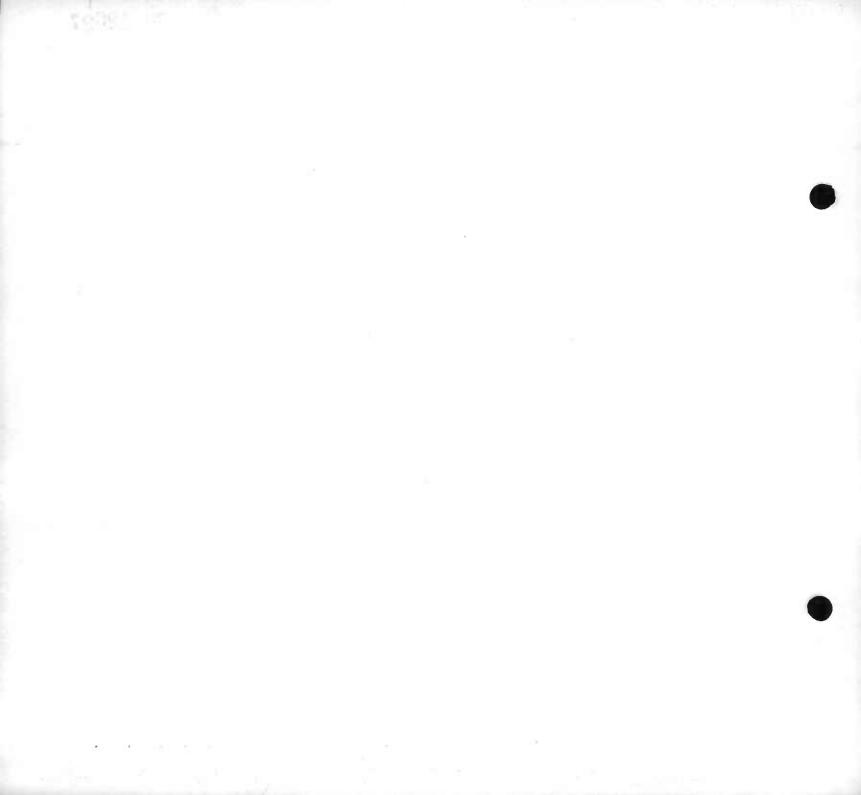
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APPROXIMATE INTERVAL



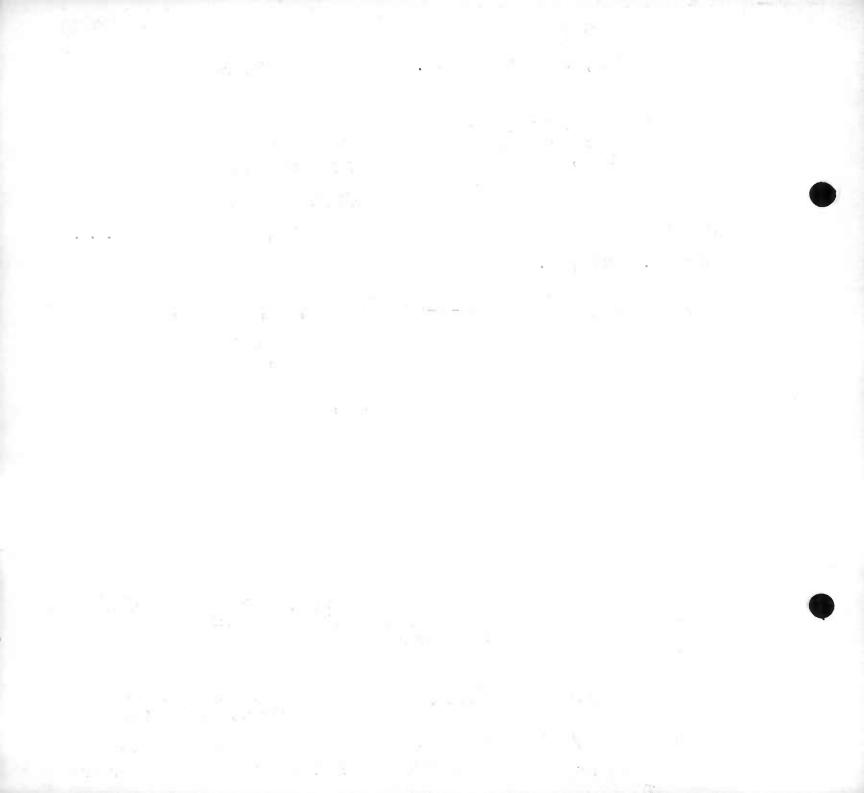




IMPORTANT

FUNERAL DIRECTOR:

	BALTIMORE CITY	HEALTH DEPARTMENT		PO 100-
BIRTH NO. 70 12630	CERTIFICA	TE OF DEATH	REG. NO	70 12630
1. NAME OF DECEASED (Type or Print) SELTZER. JAMES WILL:	IAM JR.	2. DATE A	ND HOUR OF DEATH	- 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS		4. USUAL RESIDENCE (Who	ere deceased lived. It is	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)		MARYLAND C. CITY OR TOWN	NIY	SIDE CITY LIMITS?
Veterans Administration	on Hospital	BALTIMORE	J. 1140	YES NO
3900 Loch Raven Blvd		E. STREET AND NUMBER	33	
Baltimore, Maryland 5. SEX   6. RACE   7. MARGINED   7.		2433 Perrin M		
MALE WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9/14/13	9. AGE (In years lost birthdoy) 57	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF Edone during most of working life, even it refired) MECHANIC AUTOMO		EMETTSBURG,		U.S.A.
JAMES W. SELTZER, SR.		14. MOTHER'S MAIDEN NA MARGARET GRAN	-	
15. Was Decosed Ever in U. S. Armed Forces? (Yes. no or unknown) (If yes, give wor of doles of service)	6. SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS
		CLIN RECS, VAH,	BALTIMORE.	MARYLAND
18.5.30.11	CAUSE OF DEAT	1	212222002	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		BRONCH	OPNEUMONIA	BETWEEN ONSET AND DEATH
(This does not mean the made of dying, e.g., heart failure, asthenia, etc., it means the disease.	DUE TO, OR AS	SE BTLATERAL, A CONSEQUENCE OF:	SIMURICA	
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B) ESOPHA	GTTIS, MODERATE A CONSEQUENCE OF:	 	***************************************
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)	A CONSEQUENCE OF:		
11	(0)			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ITO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************	******************************		
198 CONDITION FOR WE WAS PERFORMED	IICH OPERATION	20A. AUTOPSY? (Yes or No	ON LES WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF home, etc.)	ACE OF INJURY (e.g., Ir larm, lactory, street, at	or obout 21C. WHERE DID	(II In Bollimor	re City, give exoct locotion)
₹ OF INJURY While	At Not White	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (M (this hospital) attended the	- AI WOIK		197 <u>0</u> 10_	12/25/ 19 70
that XI) (we) lost sow the deceosed alive an		P10		12/25/ 19 70 nion death accurred on the date
and hour and from the causes stated above. (#)	(We) (dld) (dib) (eW)	lew the body ofter death.		
23A. SIGNATURE		nding Med.	51-11	238 DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phys	. Director	Shaff Phys.	12/28/10
NAME (Type) HERBERT I GURLET	, M.D.		h Raven Boul	Control of the Contro
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAN	LE OF CEMETERY OF CRE	MATORY 24D. L	ore Marylar	ily, town, or county) (Stote)
burial   12/29/70 Park	kwood Cemet	1	1timore Co	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	anders are at 1	C: F. Evan	s & son 88	302 Harford Road
VS 150-REV. 1/1/68				



- 1	A Mile world	70 19Cod
	and the the	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 70 126
	SOBO	1. NAME OF DECEASED (Type or Print)  LOUISE S. LEONARD  2. DATE AND HOUR OF DEATH December 25, 1970; 246
	of of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY
	hos Se an de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland
	Se;	De 1
	ting d cau r att prior e.	E. STREET AND NUMBER
	ibutined ined ular	5213 Edmondson Avenue 4228 Eldone Drive
	STEDSE	Female WIDOWED TO BUYONED TO BEET 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	中でサージロ	10A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or loreign country)  12. CITIZEN OF WHAT COUNTRY:
	direct or ; (4) Under h was ir n the dedisposition	Homemaker Tllinois
	if dect 4) U wa the spos	14. MOTHER'S MAIDEN NAME
Z	_ ~ ~ ~ ~ ~ ~	Harry E. Jones Catherine H. Erbst  15. Wes Decessed Eyer in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS OF A COMMENT ADDRESS O
IMPORTAN	ssiste the the dea	No N
PO	o, if fany fany nced nced dor	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH
≥	- S 0 3 F 9	(This does not mean the mode of dying e.g. (A) IMMEDIATE CAUSE
OR:	ner or acture prono ular a	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO, OR AS A CONSEQUENCE OF:  Conclused Thursteen Me Di Cle Blance Plague for 1968
CTC	Hi fr	ANTECEDENT CAUSES  (B)
DIRE	alex lexc (3)/ an w in r	DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last.  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)  (C)  (C)  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)  (C)  (C)
AL	medical medical burns; physicia an was remain	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ) (A).
FUNER	chief a r Body the ysici e the	O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ) (A).  19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes of No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F	by the pital by re; (2) where No ph	OR CONTRIBUTION TO STATE OF INJURY IS G. IN OF OBOUT 21 C. WHERE DID
	_ 5 7 6	DEATH (notify medical examiner)  21D. Time (Month) (Doy) (Year) (Hour)  21E. INJURY OCCUR?  White At Work  Not White At Work
-	proved the hound in y nat except and (6 obtain	22, f certify that (f) (this hospital) attended the deceased from 10/1/1 195/ to 17/25
	of of of all (h);	that (1) (we) last saw the deceosed olive on 19 and that In (my) (our) apinion death occurred on the date
	pit di pit	23A. SIGNATURE
	must elease cider hosp to de	Estiably medican and Attending Med. Shoff 12/5/2012
	was re was re A at a prior	23C. PHYSICIAN'S NAME (Type) TO THE TENT OF THE TENT O
		24A, BURIAL CREMATION 124R DATE 104C NAME & CRAFTED
		REMOVAL (Specify)  Removal (Specify)  12 20 1070   Tr
	This certifue body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTAR 25C. EUNERAL DIRECTOR ADDRESS
	P-+ 4 > 0 >	Howard H. Hubbardy 4107 Wilkens Ave. 21229

000 1.19 The state of the s Take or many or an arrange and the same of in part origin on Erithron V. Pres

TREATURE STATE OF STA

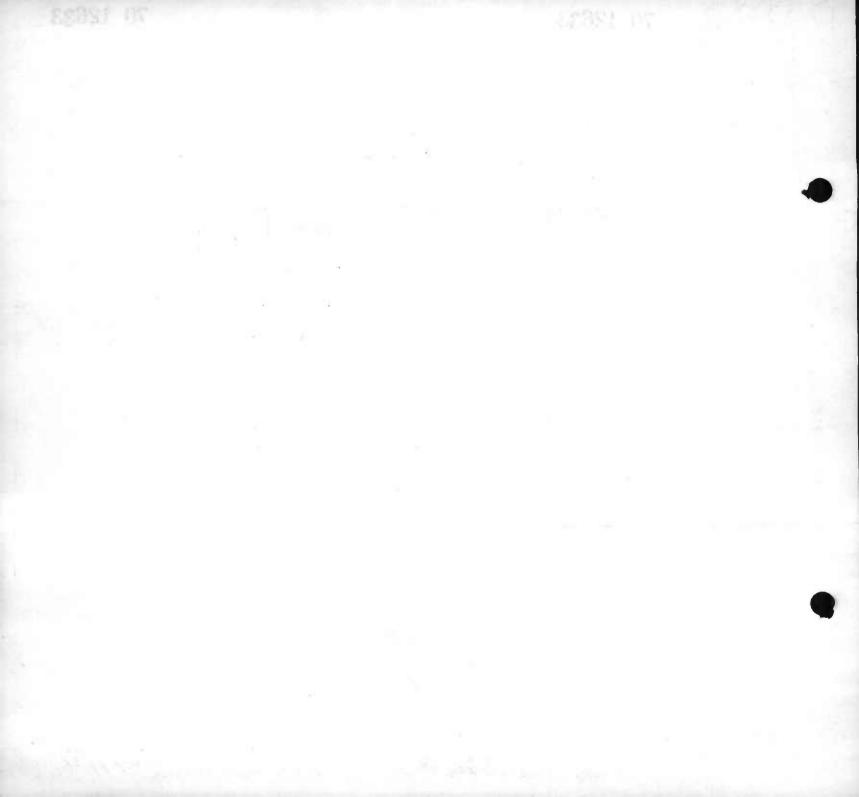
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

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VS 150-REV. 1/1/68





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BALTIMORE CITY HEALTH DEPARTMENT

	DUCTIMORE CITT	TEALTH DEPARTMENT			
MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH	70	12636

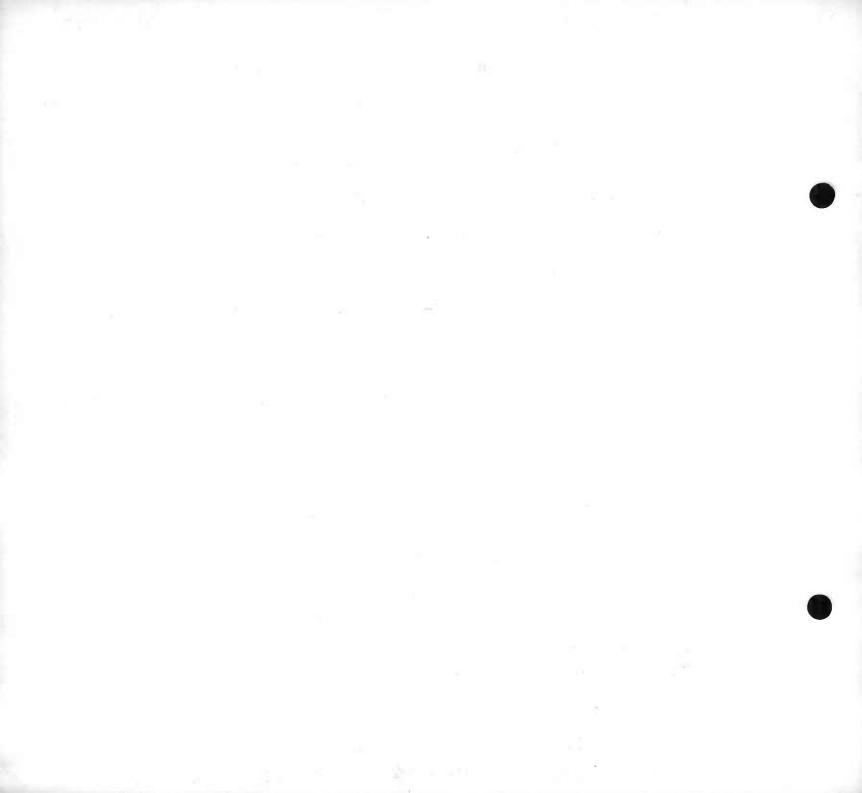
BIRTH NO.	REG. NO.
I. NAME OF DECEASED (Type or Print)  ROBERT WISE	2. DATE Known Month Day Year Hour OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 12 22 1970 10:30 PM.
// / 1841 W. Fayette St.	A. STATE Md.  B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male negro WIDOWED DIVORCED	Balto. YES 🖾 NO 🗌
9. DATE OF BIRTH IO. AGE (in years   If Under 1 Yr. II Under 24 Hrs.   Months   Days   Hours   Min.	E. STREET AND NUMBER
6/17/17 47 1	1841 W. Fayette St.
11. BIRTHPLACE (State or loreign country)  Virginia  12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME
Virginia USA	Robert Wise
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working lile, even firefired)	13. MOTHER 3 MAIDER MAME
Sparrows Point   Sparrows Point	Hila ?
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	2555 Madison Avenue
	Bertina Wise 2555 Madison Avenue
La chose of Den	RETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Hypertensi	ve & arteriosclerotic cardiovascular disease
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (A) IMMEDIATE C	AS A CONSEQUENCE OF:
heart follure, asthenia, étc. it means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF
milary of complication which coused death.)	
ANTECEDENT CAUSES	
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I LINDERLYING CONDITION LAST	
0	
CO	
20A DATE OF OPERATION ISSUE CONTINUES	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
W/	no
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, form, factory, street, effici	In or obout 22C, WHERE DID (If in Baltimore City, give exact location)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT	WHILE
23. m. WORK AT W	ORK L
I certify that I held an inquiry Inspection X Aut	topsy and that on this basis, death in my opinion
resulted from: Natural causes X Accident Suicid	Homicide Undetermined manner
ACTUAL SIGNATURE Duhallaha	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EVALUATED IN I
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Isidore Mihalakis, M.D.	12-23-70
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 12/29/70 Mount Auburn	Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
Cont.	
DEC 30 1970 Rebet E. Jabes K.	2 Prlington S. Phillips 1727 North Monroe S
VS 151-REV. 1/1/68	

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prior to death.

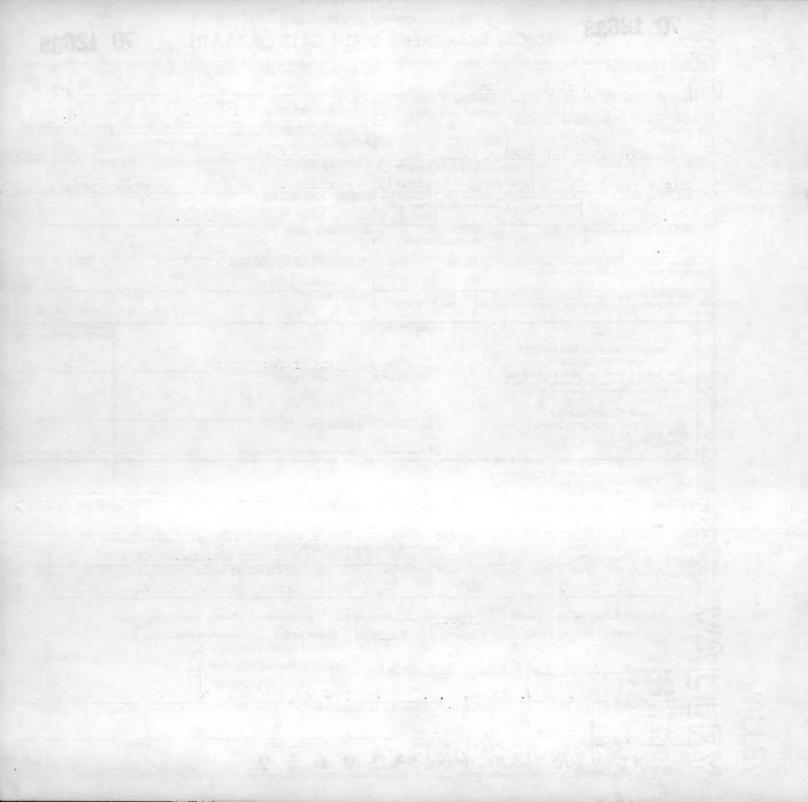
attendance on the

	70	12637		BALTIMORE CIT			DEC NO	70	12637
	RTH NO.			CERTIFICA	TE OF L	DEATH	REG. NO.		15037
	Pe or Printl		G 1				NO HOUR OF DEA	TH	
3.	PLACE IN BAL	William TIMORE, MARYLAND, W	Sch		A LISHAL DE	SIDENCE (WIL	2/29/70	16 1 .11 .1	Mesidence before admission
					4. USUAL RE A. STATE	8. COU	NTY	It institution	esidence before admission
II H	ILL NAME OF	(IF NOT IN HOSPIT	AL OR INS	TITUTION, GIVE STREET	Md			-	4009
III IN	STITUTION				Baltimo		D. 1	NSIDE CITY	_
1/2	)/)	829 Glen All	on Dai	370	E. STREET AN			YES	NO NO
110		oz/ dien all	en bii	. ve	11	len Alle	n Drive		
5.	SEX	6. RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF B		9. AGE (In veors	If Un	der 1 Yr. , If Under 24 Hrs.
	Male	White	WIDOW		12/27/0	16	lost birthdoy)	Month	s Doys Hours Min.
104	USUAL OCCU	JPATION (Give kind of world	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	CE (State or fore	ign countryl	12. CI	TIZEN OF WHAT COUNTRY
11		vorking life, even if retired)	7 P117	nham Eng. Co					
	Otired	AE	Dui	man Eng. Co	Marylar	ANDEN NA	14E	US	SA
H	Tohn 7	homas Scheu			1				
15.			7	1 6. SOCIAL	Mat		feiffer Sc	heu	
11		Ever in U. S. Armed For (If yes, give wor or dote	s of service		17. INFORMAN	41			ADDRESS
_	unknown	6.5		283-03-0851	Mrs. El	inor Sc	heu, 829 G	len Al	Llen Drive
1	18.	6/4		CAUSE OF DEAT	4				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DI	ECTLY		00170	(BRA)	Hemor	2	2 11/75
	(This does n	ol meon the mode of	dying, e.	(A) IMMEDIATE CAL	SE CONSEQUENC	-1-2 11-27 1	HEMOR	16000	2 HITS
	injury or com	oslhenio, etc. Il meons plicofion which caused	the discost	se,	CONSEQUENC	e Or;			
	100	NTECEDENT CAUSES		ARTE	1214516	4.17 U FI .	CARLO		17R+
	DISEASES O	R CONDITIONS, if	onv. givi					****	7776 7
	rise to the	obave cause (A)	slaling	DUE TO, OR AS	4 (31	PI:	J-2598		
	ONDERLING	CONDITION Tost		(C)		************	*		
NO	OTHER SIGNIFI	II CANT CONDITIONS COI	JTRIBUTINA	2					
15	TO THE DEATH	BUT NOT RELATED TO THE	E TERMINA		************				
CERTIFIC/	19A. DATE OF	OPERATION 198 CON	DITION FO	WHICH OPERATION	20A. AUTOP	SY? (Yes or No		E FINDING	S CONSIDERED
ERT	0				/	Vo	IN CERTIFYING	CAUSES OF	DEATH?
CAL	DEATH (notify	T WAS UNDERLYING TING CAUSE OF medical examined	h	IB. PLACE OF INJURY (e.g., in ome, farm, foctory, street, of ic.)	or obout 21 C. Vice bldg., INJUI	WHERE DID	(If In Boltin	nore City, gi	ve exoct location)
AED	21 D. TIME OF INJURY	(Month) (Doyl (Year)		E INJURY OCCURRED		IOM DID IN	URY OCCUR?		
2	(APPROX.			Vhile At Work At Work					
	22. I certify	that (1) (this hospital)	attended			1	19 45 to	12-	129 1970
	that (I) (we)	lost saw the decease	d ollve an	12/4	1 19 7 C	0			
1 1	-			(i) (We) (did) (did not) v			at in (my) (out) o	pinion dec	oth occurred on the dote
	23A. SION ATUI	E _ @	-	tir (ner tala) (ala nor) vi	ew the bady	atter deoth.		Jack DA	TE SIGNED
	Il	W S V In	Q.	MILAQ Atter	ding 🗵 f	Med.	Stoff [77]	230, 04	129/20
	23C. PHYSICIAN	rs		PEGNEE	3D. ADDRESS	Pirector L	Shaff Phys.	/ <	129/10
	NAME (Ty	Dr. Thoma:	s Roa ch			Raltimom	e National	Piko	
24A	BURIAL CREA	ATION, 248, DATE		NAME OF CEMETERY OF CRE					
1 _	REMOVAL (S	ecify)				2.0. (0	OCATION (	City, town,	or county! (State)
	darial	12/31/70 BY HEALTH DEPT.	258. N.A.A.	or registrar Ceme	ery	Bald	imore, Ma	ryland	
	٦	EC 30 1070	Pala A	E. Jaber, MA		AL DIRECTOR			ADDRESS
V\$ 1	50-REV. 1/1/6	1000 1310	VIECEDO		MICSE	163	Edmondson	1 Ave.	21228



0	12620	BALTIMORE CITY HEALTH DEPARTM
	17500	DALIMONE CITT HEALTH DEPARTM

MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH	70 12638
BIRTH NO.	REG. N	10 10 15030
I. NAME OF DECEASED	2. DATE Known & Month Day	Year Hour
(Type or Print)  Lucille Ritz	DEATH Estimoted 12 28	70 12:45 M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION		70 12:45 p <sub>M</sub>
	5. USUAL RESIDENCE (Where deceased lived. If Institute A. STATE  B. COUNT	
St. Agnes Hospital	Maryland Maryland	110.5300
6. SEX 7. RACE 8. MARRIED 1 NEVER MARR	C. CITY OR TOWN D. INSID	E CITY LIMITS?
female white widowed Divorce	CED D Baltimore	YES NO
9. DATE OF BIRTH 10.AGE (in years   If Under 1 Yr. II Under lost birthday)   Months   Days   Hours	24 Hrs. E. STREET AND NUMBER	
Feb. 4, 1914 56	6169 Regent Pk. Dr.	
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY	13. FATHER'S NAME	
Tenn.	LeRov King	
14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR IN done during most of working life, even if relired)	NDUSTRY 15. MOTHER'S MAIDEN NAME	
	Addie Lee	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no erunknown) (If yes, give war or dotes of service)  17. SOCIAL SECURITY N	18. INFORMANT	ADDRESS
SECONITY I	John Ritz 6169 R	legent Park Road
19. CAUSE C	OF DEATH	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	EDIATE CAUSE Barbiturate overdose	
(inis does not mean the mode of dying, e.g.,	TO, OR AS A CONSEQUENCE OF:	
heart follure, osthenta, etc. It means the disease, Injury ar complication which caused death.)		
DISEASES OF CONDITIONS IF ANY CIVING	TO, OR AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	10, OK AS A CONSEQUENCE OF	
UNDERLYING CONDITION LAST. (C)		
E II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	TON WAS PERFORMED	21. AUTOPSY? (Yes or No)
		no
22A. EXTERNAL CAUSE WAS 22B, PLACE OF INJUR UNDERLYING TOR CONTRIB. home, form, foctory, stre	RY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give set, office bldg., etc.) INJURY OCCUR? 6169 Regent Pk. Dr.	exact location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hear) 1225 INLUST OCCU	6169 Regent Pk. Dr.	5200
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCU	11PPED 22E HOW DID INLIERY OCCUPS	
(APPROX.) 12 28 70 ? m. WHILE AI WORK	NOT WHILE Ingested overdose of	barbiturates
23.		
I certify that I held an Inquiry Inspection		
resulted from Natural causes Accident	Suictde X Homicide Undetermined manne	н 🔲
11/642/201	CHIEF MEDICAL EXAMINER	DATE CIONIED
ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Werner U. Spitz) M.D.	Deputy Chief Medical Examiner	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEN	METERY or CREMATORY 24D. LOCATION (City, 1	own, or county) (State)
Burial 12/31/70 Woodlawn	n Woodlawn	Maryland
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR		ADDRESS
DFC30 1970 Pober E. Jabon M	1000	
A A A MAIN OF THE PARTY OF THE	(A. ? ) Wotzke, Onc 1	.630 Edmondson Ave
VS 151-REV. 1/1/68		



70 12	2639 ME	DICAL	BALTIMORE CITY HE			DEATI	н	70	12639
BIRTH NO.		DICAL	· LAAMIIALKS		7717	DLAII	H REG. NO.	70	14039
1. NAME OF DE	CEASED Virgin:	io Fine	atoin	2. DATE OF	Knowh	Month 12	28	70 70	2:45 a
4 PLACE IN BA	VILGIII.			DEATH 3. DATE	Estimoted	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL		PITAL OR INST	ITIUTION, GIVE STREET	PRONO	UNCED DEAD	12	28	70	2:45 a
OR INSTITUTION	St. Agne	s Hospi	ital	A. STATE	ESIDENCE (Where		B. COUNTY	2 residence b	864
6. SEX	7. RACE	8. MARR	TED NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS?	
female	White	WIDOV	VED DIVORCED	Balt	imore		YE	s 🖾 ı	но 🗆
9. DATE OF BIRT	lost birth	(in yeors adoy) 59	H Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		and number 04 Manorde	ene Roa	d		
11. BIRTHPLACE	Stole or loreign country		12. CITIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME				
MARYLA		WINE PINE	OF BUSINESS OR INDUSTR		RRY T. EL				
done during most of	working life, even if retire	(b)			A SHEPPAR				
	TEACHER SED EVER IN U.S. ARM		WILLIAMS 57 117. SOCIAL	18. INFOR		.U	A	DDRESS	
(Yes, no or unknown	i) (il yes, give wor or doi	es of service	SECURITY NO.			*****			war a Bam 3
119. //			214-22-083 CAUSE OF DEA		IN K EINST	EIN SR	4504 1	ARTHOUGH	PROXIMATE INTERVAL
40	I SE OR CONDITION DI LEADING TO DEATH	RECTLY	(A)IMMEDIATE	Pneu	monia			BETW	ZEEN ONSET AND DEA
heart foilure Injury or co	not mean the mode of e, asthenia, etc. It means mplication which coused with the course of the cours	the disease,	DUE TO, OR	AS A CONSEC	QUENCE OF:				
DISEASES RISE TO TH UNDERLYI	OR CONDITIONS, IF A IE ABOVE CAUSE (A) S ING CONDITION LAS	ANY, GIVING STATING THE T.	(C)	AS A CONSE	QUENCE OF:				
U TO THE DE	II NIFICANT CONDITIONS EATH BUT NOT RELATED R CONDITION GIVEN IT	TO THE TERM	UNAL						
20A. DATE O			FOR WHICH OPERATION W	AS PERFOR!	MED				PSY? (Yes or No) YES
UNDERLYING	RNAL CAUSE WAS		22B. PLACE OF INJURY (e.g., home, farm, lactory, street, office	, In or obout ce bldg., etc.)	22C. WHERE DID	(il In Boltimo	re City, give exp	ct location)	
	AUSE OF DEATH. (Month) (Doy) (1	(ear) (Hou	WHILE AT NO	T WHILE	22F. HOW DID IN	JURY OCCU	UR?		
23.			m. WORK AT	WORK					
1 cer	tify that I held on	Inquiry [	Inspection A	utopsy XX	and that on t	his basis,	death in my	opinion	
resu	Ited from: Natural	cuses 🔲	Accident Suici	de H	omicide 🗌	Undetermi	ned manner	X	
	1	. /	110/11/20		CHIEF MEDICAL	EXAMINER			DAYE CICALED
SIGNA	A VI	111	WYLLLEM	ASS	ISTANT MEDICAL	EXAMINER			DATE SIGNED
EXAMIN	NER'S Peter	Lipko	vic, M.D.		OCIATE MEDICAL	EXAMINER 3	k⊠k		12/28/70
24A. BURIAL CRE REMOVAL (Spec BURIA	cify)	31, 19	24C. NAME of CEMETERY 270 LOUDON P.		ORY 24D.	LOCATION	(City, town	ARYLAN	
25A. DATE REC'I	BY HEALTH DEPT.	258. N	NAME OF REGISTRAR	25C.	FUNERAL DIRECT	OR	A	DDRESS	N

VS 151-REV. 1/1/68

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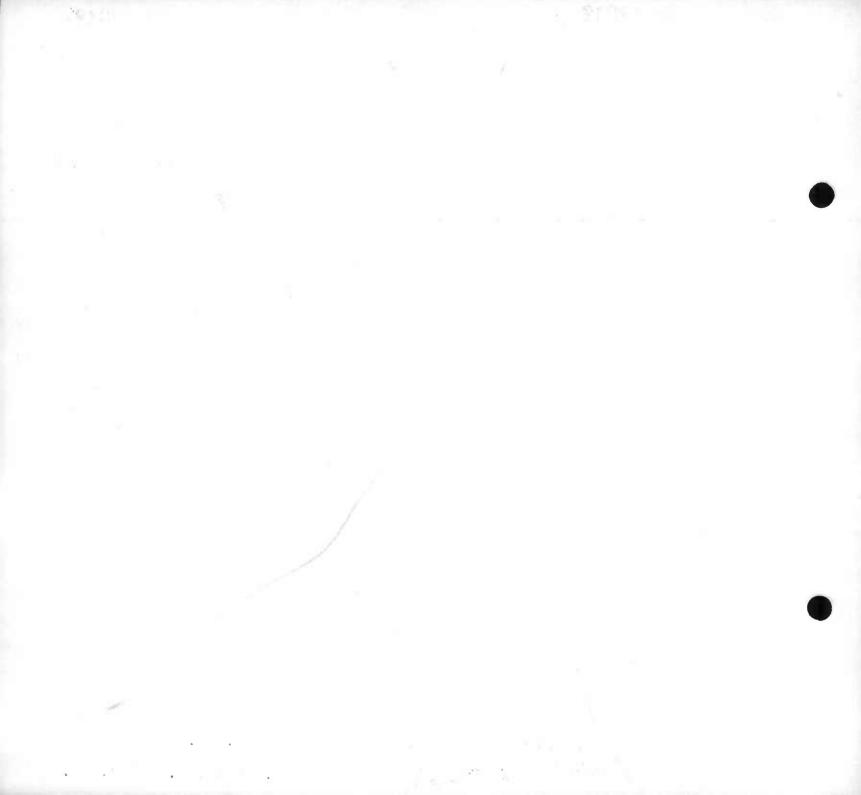
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BIRTH	70 12	641	MED	ICAL	EX	AMINE	R'S	CERTIFI	CATE	OF	DEAT	H REG. NO		12644	
	ME OF DEC		Josep	h				2. DATE	Known	PX.	Month	Day	Year	Hour	=
	E		MOT POTA	и Но				DEATH	Estimote	d 🗆	12	27	70	11:554	М.
						INCED DEAD		3. DATE	INICED DE		Month	Day	Yeor	Hour	
HOSP	NAME OF	ADDRI	ESS OR LOCA	LORINST	ITUTIO	N, GIVE STREE	T		JNCED DEA		12	27	70	11:55	M.
4	14 Un		morial					A. STATE Md.		(Where	deceosed li	B. COUNTY	on: residence	before odmission)	
6. SE	_	7. RACE		8. MARR	IED 🛄	NEVER MAR	RIED -	C. CITY OR	TOWN			D. INSIDE	ITY LIMITS?		
	ale	Whi	te	WIDOW		DIVOR		Ba1	timore	2		,	ES X	NO 🗆	
9. DA	TE OF BIRTH		10. AGE (in last birthdo	1)	If Unde Months	er I Yr. If Unde Days Hour	er 24 Hrs. Min.	E. STREET A	ND NUME		nt A	re.			
11. BII	Germa		on country)			IZEN OF HAT COUNTR	Y?	13. FATHER		rne	man				
IAA.US	UAL OCCUP	ATION (GIV	e kind of work	48. KIND	OF BU	SINESS OR I	NDUSTRY	15. MOTHE	S MAIDEN	NAN P	NE .				_
Ac	et. Cl	erk	en arearea)					Bert.	ha Gu	nke	1				
	AS DECEASE	D EVER IN	U.S. ARMED	FORCES	? 1.	7. SOCIAL		18. INFORA		AILLO		-	ADDRESS		-
(1 43, 11	VO	(it yes, give t	wor or dotes	or service)	b	SECURITY	660	Joh	n E.	Hor	nemar	2301	Pent]	land Dm	
20	DISEASE L (This does no heart lailure, Injury or com	EADING TO the mean the ostherita, etc plication while TECEDENT R CONDITI- ABOVE CA	mode of dyl It means the ch coused dea  CAUSES  ONS, IF ANY USE (A) STAT	ing, e.g., disease, ih.)		(A)IMA DUE		Arte	erioscl dise UENCE OF:	lero	tic ca	rdiovas	AFTY	PROXIMATE INTERVAL FEEN ONSET AND DEA	
CERTIFICATION	OTHER SIGNI TO THE DEA DISEASE OR	TH BUT NOT	RELATED TO	THE TERMI	NAL										_
出 20	A. DATE OF	OPERATION	1 20B. CON	DITION	FOR W	HICH OPERA	TION W	S PERFORM	ED				21. AUTO	PSY? (Yes or No)	_
-1 1													ye	es	
입	NDERLYING		TRIB-		228. PL/ home, fo	ACE OF INJU	JRY (e.g., reet, offici	in or obout 2: bldg., etc.) if	URY OCC	DID (I	f in Baltimo	e City, give ex	act location)		
OI (A	PPROX.)	Aonth) (D	oy) (Year			INJURY OCC		WHILE	F. HOW D	ID INJ	URY OCCI	JR?			
23.	I certi	fy that I h		quiry [	_	nspection [	_	lopsy XX				death in my			
		d from: N	atural caus	08 64	Acc	Ident L	Sulcid		micide [] HIEF MEDI			manner			
	SIGNATU	RE	Xu	ILL	1	ruce	LIMD	ASSIS	TANT MEDI	ICAL EX	CAMINER			DATE SIGNED	
	EXAMINE NAME (Ty	R'S Pé	eter Li	pkovi					CIATE MEDI	CAL EX	AMINER 3	<b>X</b>	12	2/28/70	
REMO BL	URIAL CREM VAL (Specify IPIAL	1	12/31	/70				or CREMATO			OCATION Ltimo	(City, tow	n, or county)		-
25A. E	ATE REC'D 8					F REGISTRAR			UNERAL DI				DDRESS		_
	DE	30	-	Ber 8	-	0 0	2	- 1 -	inard	er and the		Inc.		. Md.	
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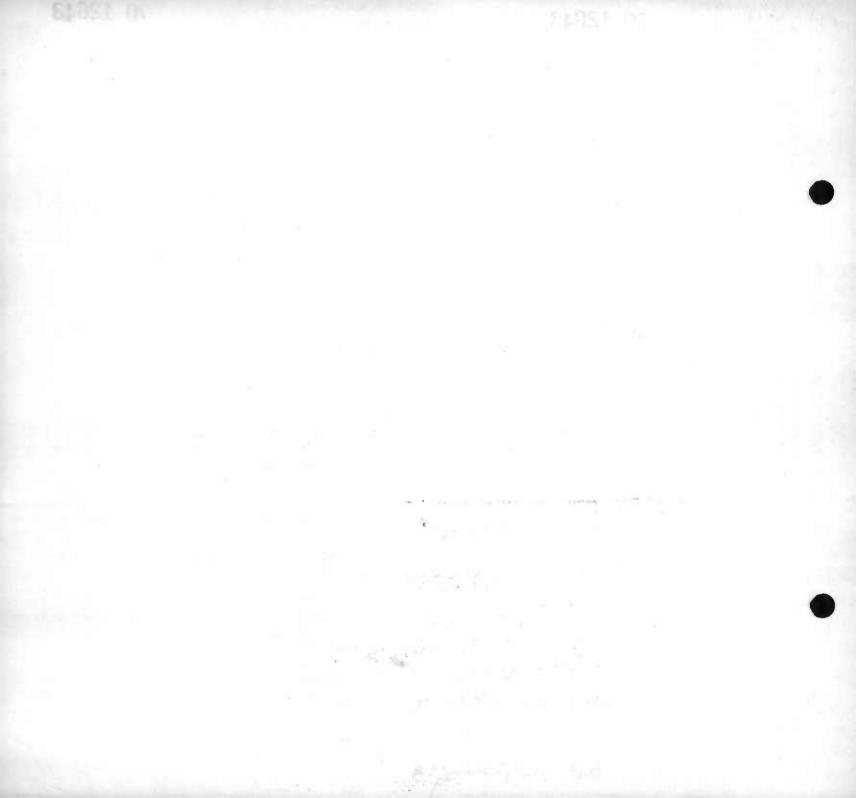
1	חלי	12642		BALTIMORE CITY	HEALTH DEPARTMENT	,	400	140
	RTH NO.			CERTIFICA	TE OF DEATH	REG. NO	70 126	042
	NAME OF DEC	EASED Catan	ese,		2 DATE	AND HOUR OF DEATH	4	
LLA	pe or Print)	EXPOXXXXANX		herles ) Calog		13 /3 /30	,	130
3.	PLACE IN BAL	TIMORE MARYLAND		INCED DEAD	4. USUAL RESIDENCE (W	here decensed lived II	in a titution and de	6 PM
FU H	LL NAME OF		PITAL OR INSTITU	JTION, GIVE STREET	Mary / 2 d	UNIT	- Pastitution: resid	Detore admission)
IN	Monte	bello Sta	te Hosp	tal	Baltimore		YES TO	NO
(	71		, , , , , ,	, -,	E. STREET AND NUMBER	aduside A		1248
5.	SEX	6. RACE	7- MARRIED	Talenten manage	8. DATE OF BIRTH			
	M	W	WIDOWED	DIVORCED	6/5/77	9. AOE (In years lost birthday)	Months Doy	s Hours Min.
10/	USUAL OCCU	JPATION (Give kind of v	rork 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oteian country)	12. CITIZEN	OF WHAT COUNTRY
don	e during most of v UNICA	working lite, even it relire	e) City	Himore	Italy		Us	
13.	FATHER'S NAM	AE	100	TI more		****	a	771
	_	4			14. MOTHER'S MAIDEN N			
16	Jova	W. A. K.	XXXXXXX	Catanese	Hugela	SAVACA		
15. (Ye:	Wos Deceased , no or unknown)	Ever in U. S. Armed Of yes, give war or d	Forces?	1 6. SOCIAL SECURITY NO.	17 INFORMANT		AD	DRESS
	NO	77 50 1101 01 0		SECURIT NO.	(Daughter)	C 11.	(Sa)	me)
_	18. 4 1	A 24		CAUSE OF DEATH	Katie	Carlotta		
	7-1	E OR CONDITION	DIRECTLY	CAUSE OF DEAD	1			PROXIMATE INTERVAL EEN ONSET AND DEATH
		LEADING TO DEAT	Н	AND MANAGEMENTS CAN	. A. 16 M.	1.1 1.6	1	20 16
	(This does no	of mean the made asthenia, etc. It mea	of dying, e.g.,	DUE TO, OR AS	SE ACUTE My	5(850) 1715	CORPA	20 mutes
	injury or com	plication which caus	ns me aisease, ed death.)	the serte	wsive aterios	deronic	1	12.00
		NTECEDENT CAUS		1300	ovesular di	Co Taro	//	reng
		R CONDITIONS, i			A CONSEQUENCE OF:	se ase		4CAS
	rise to the	abave cause (A	stating the		A CONSEQUENCE OF:			
	ONDERLING	CONDITION Idst.		(c)				
ATION	TO THE DEATH	CANT CONDITIONS C BUT NOT RELATED TO ONDITION GIVEN IN P	THE TERMINAL	Right mi	ddle cerebial a	rteng thrombos	sis	7 40
	19A-DATE OF	OPERATION 198 CO	ONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or I		FINDINGS CON	ISIDERED
ERT	222				No	IN CERTIFYING CA	USES OF DEAT	H?
2	DEATH (notity i	T WAS UNDERLYING TINO CAUSE OF medical examiner)	21 B, I home etc.)	PLACE OF INJURY (e.g., in form, foctory, street, off	or obout 21 C. WHERE DID ico bidg., INJURY OCCUR?	(If In Bofilmon	re City, give exo	cl location)
LM I	21 D. TIME OF INJURY	(Month) (Doy) (Yeo	1) (Hour) 21E	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
٤	(APPROX.)		While	At Not While				
- 1	22 1	1						
- 1		that (1) (this hospit			2/24/	19 63 to	12/27	1970
- 1		last saw the decea			19 <u>/0</u> and t	hat in (my) (our) opi	nion death ac	curred on the date
	and hour and	from the causes st	ated above. (1)	(Ha) (did) (did not) vi	ew the bady after death.	•		
	23A. SIGNATUR	E					23B. DATE SIG	NED /
			Sothon	DEGREE Phys.	ding Med.	Staff Phys.	12/2	7/70
	23C. PHYSICIAN NAME (Typ	t's po)		- Deduced	D. ADDRESS	,		
	W.	Haddox	SOTHOL	RON DEGREE	Mostebell	lo State 1	Hospital	,
24A.	REMOVAL (Sp	ATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE			ly, lown, or cou	nly) (State)
	Burial	12/30	/70 Holy	Redeemer		lto. Md.		
ZJA	DEU	3 0 1970 (	Ber E. J.	Liber Aco.	25CC PUNERAL DIRECTO	Buok To-		DDRESS
VS 1	50-REV. 1/1/68				Leonard J.	RUCK INC.	Da I UO	MIC •
- 1		<del>-</del>						

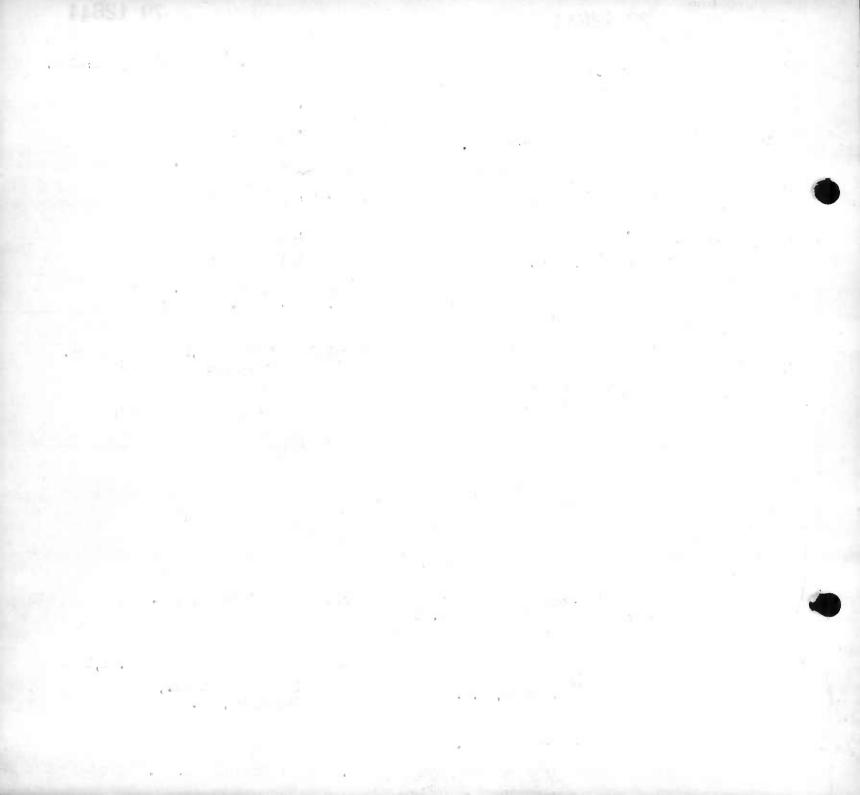


IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT





70 -	12645		BALTIMORE CITY HE				X	170	100.0
BIRTH NO.	WE WE	DICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO	70	12645
I. NAME OF D	DECEASED			2. DATE	Known XX	Month	Doy	Year	Hour
(Type or Print)	JOseph Wood	lland		OF DEATH	Estimoted	12	23	70	10:34 a,
4. PLACE IN E	BALTIMORE, MARYLAND	WHERE P	RONOUNCED DEAD	3. DATE	-t-v-1.m-	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LO	PITAL OR INS	TITUTION, GIVE STREET		ESIDENCE (Where	12	23	70	10:34 a
38	University	Hospi	:al	A. STATE Md.	ESIDEITGE (MINIS		B. COUNTY	05	5800
6. SEX	7. RACE	8. MARI	IED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	ITY LIMITS?	
male	Negro	WIDON	VED DIVORCED D	Hughe	sville			res 🔲 1	NO 🗵
9. DATE OF BI	- I mak bitak	(In years day)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.	E. STREET	AND NUMBER				
Charle	E(State or loreign country	ml.	12. CITIZEN OF WHAT COUNTRY?	13. FATHER	roll C	Upac	1/an	d	
14A.USUAL OC done during most	CUPATION (Give kind of wo of working life, even if retire	rk 148. KINI d)	OF BUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	ME Da	vis		
16. WAS DECE (Yes, no or unkno	ASED EVER IN U.S. ARM	ED FORCE	17. SOCIAL SECURITY NO.	18. INFORM	Sugnitar	wh	alan-C	Marlai	te Halli
19.	0/19.1		CAUSE OF DEA	TH					PROXIMATE INTERVAL
DISE	ASE OR CONDITION DI	RECTIV							
0.50	LEADING TO DEATH		(A)IMMEDIATE	AUSE Hy	pertensive	e cere	bral he	morrhag	e
heart foil	s not mean the mode of ure, asthenia, etc. it meons complication which coused	the disease,		AS A CONSEC	UENCE OF: 001	mplica	ting ne	ck frac	ture
	ANITECEDENIT CALICEE		4.)						
DISEASE	ANTECEDENT CAUSES  S OR CONDITIONS, IF A	NY. GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
RISE TO	S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S YING CONDITION LAST	TATING THE							
Z ONDER	THIS CONDITION LAS		(C)						
O THE	II IGNIFICANT CONDITIONS DEATH BUT NOT RELATED OR CONDITION GIVEN IN	TO THE TERM	UNAL						
20A. DATE			FOR WHICH OPERATION W	AS PERFORN	NED			21. AUTO	PSY? (Yes or No)
0 2								ye	s
UNDERLY	TERNAL CAUSE WAS NG FOR CONTRIB- CAUSE OF DEATH.		22B. PLACE OF INJURY(e.g., home, farm, factory, street, offic Highway	in or obout 2 e bidg., etc.)	NURY OCCUR?	(If in Baltime id . St Rous	. 231 ar	nd inte	rsection
	(Month) (Doy) (Y		r) 22E.INJURY OCCURRED	1/2	2F. HOW DID IN			00	-00
OF INJURY	12 13	70 11 a		WHILE W	Subject	was a	passen	ger in	an auto
23.	ertify that I held on	Inquiry	Inspection Au	topsy XX	and that on t	his basis,	death in m	y opinion	

resulted from: Noturg Causes Accident 🛛 Suicide \_\_ Homicide . Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. 12/23/70 EXAMINER'S Peter Lipkovic, M.D. NAME (Type) ASSOCIATE MEDICAL EXAMINER 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (State) antown, Chas Co. M. Rebert E. Jailer K. & ADDRESS 25C. FUNERAL DIRECTOR ans-Clauasco, 70 VS 151-REV. 1/1/68

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and the same							
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NY						•	
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J. P. S. F.							
				4			
916			1.7				

C 634

70 1	2646	MED	ICAL		MINER'S		CATE OF	DEAT	H REG. NO.	70	12646
1. NAME OF DEC		s Crad	ler		**	2. DATE OF DEATH	Known XX	Month 12	22	70°	3:01 a
4. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION		RYLAND, W T IN HOSPITA ESS OR LOCA				3. DATE PRONO	JNCED DEAD	Month 12	Day 22	Yeor 70	3:01 pm.
38	Un	iversi	ty Hos	pital		A. STATE	ESIDENCE (Where		ed. If Institution B. COUNTY	Clarl	•
6. SEX	7. RACE Whit	Δ.	8. MARRIEI WIDOWEI	project.	R MARRIED	C. CITY OR	TOWN Ville		D. INSIDE CI		
9. DATE OF BIRT	н	10.AGE (In	years If	Under 1 Yr	of Under 24 Hrs. Hours Min.	E. STREET	ND NUMBER		<u> </u> YI		по 🗓
Nov. 28, 11. BIRTHPLACE (S	itate or foreig	28/ in country)	12	CITIZEN	OUNTRY?	211 13. FATHER	Walnut, S S NAME Curtis C				
I4A.USUAL OCCU	PATION (Giver orking life, ev	e kind of work i en if rettred)		F BUSINES	S OR INDUSTR			ME			
id. WAS DECEAS (Yes, no or unknown) Yes	ED EVER IN	U.S. ARMED	FORCES?	17. SO SEC	CIAL CURITY NO. 32-1544	18. INFORA	IANT			DDRESS n.St.	Waynesbor
(This does no heart failure injury or con DISEASES (RISE TO THE UNDERLYIN OTHER SIGN OTH	LEADING TO of meon the ostenia, etc. ostenia	mode of dyl It meons the th coused deo CAUSES ONS, IF ANY, JSE (A) STAT ON LAST.  II IIIIIONS CC RELATED TO	GIVING ING THE	G AL	(8)	AS A CONSEQ					
14/				R WHICH	OPERATION W	AS PERFORM	ED				PSY? (Yes or No)
UNDERLYING UTING CA  22D. TIME OF INJURY (APPROX.)  23.	USE OF DEA! Month) (D 12  Ify that I he ed from: No	TRIB- TH.  oy) (Year)  20 70  eld an In  otural caus	(Hour) 10:30 a m.	HIGH 22E.INJU WHILE AT WORK Inspec	THOM AU	WHILE 22 WHILE ORK X	approx. 6 F. How DID INJ Subject w	Int, o miles unry occup ras dri coll uls basis, o Judetermin XAMINER	f Rt. 6 N. of Rever in ision. death in my ed manner	ctiomicn) 0 & Ri Hagers auto-	denour Rd.
24A. BURIAL CREA REMOVAL (Specifical)	AATION, 2	48. DATE 12-24-	70	Har	of CEMETERY			ocation Smithsb	(City, town,	or county)	(State)
25A. DATE REC'D  DE	30 19 30 19		25B. NAN	Talka	ISTRAR .		uneral directors	R	JA.	DRESS	Md.

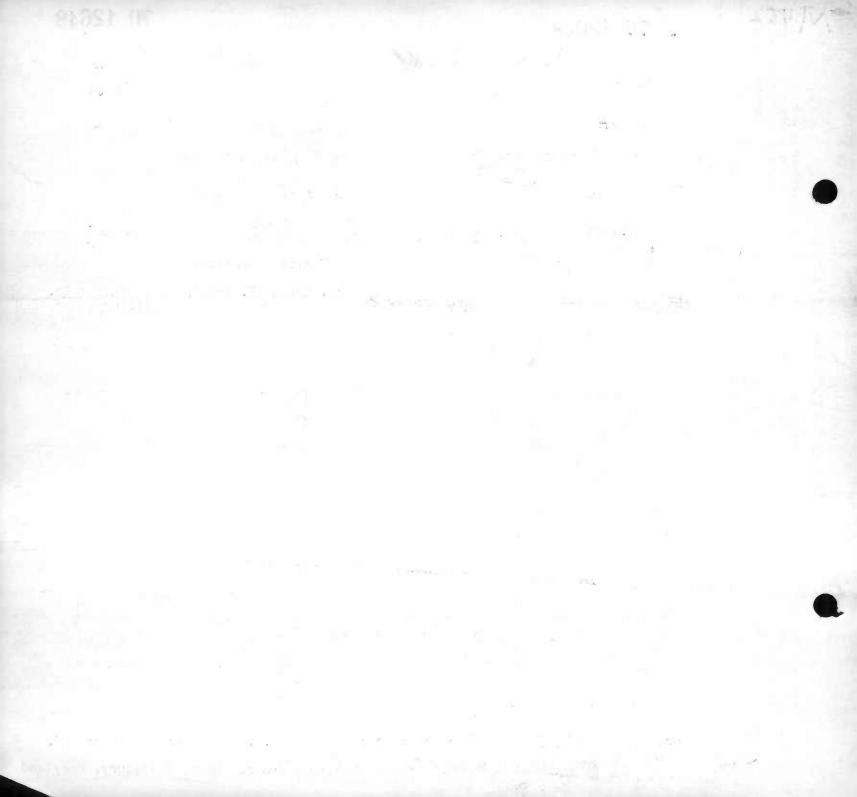
ma 49647

BALTIMORE	CITY	HEALTH	DEPARTMEN

MEDICAL EXAMINER'S (	CERTIFICATE OF DEATH REG. N	0 70 12647
1. NAME OF DECEASED (Type or Print)  Judy Cradler	2. DATE Known XX Month Doy OF DEATH Estimoled 12 22	70 Hour 70 2:02 p.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 22	70 2:02 p <sub>•м.</sub>
University Hospital	5. USUAL RESIDENCE (Where deceased lived, if Institu A. STATE B. COUNT Va.	
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE	CITY LIMITS?
female White WIDOWED DIVORCED	Berryville	YES NO X
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. II Under 24 Hrs.   Months; Doys; Hours; Min.	E. STREET AND NUMBER	
June 29, 1945 lost birthdoy) Months, Doys Hours Min.	211 Walnut, St.	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Virginia WHAT SOUNTRY?	Shirley T. Payne	- I some
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME	
done during most of working life, even #relired) Nurse Physicians	Phylis E. Robinson	
IA WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	IS. INFORMANT	ADDRESS
(Yos, no or unknown) (II yos, give wor or dotes of service)  SECURITY NO. 228-60-3671.	Mr. Shirley T. Payne Hardy	Road, Mt. Ainy
19. CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Craniocerebral Injuries	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) IMMEDIATE (DIFTO, OR.)	AS A CONSEQUENCE OF:	
heart follure, asthenio, etc. It means the disease, injury or complication which coused death.)		
DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE		
UNDERLYING CONDITION LAST. (c)		
OF COLUMN CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A)-		In the same dy
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		yes 100
228. PLACE OF INJURY (e.g., home, form, foctory, street, oilse Uting Cause of Death.	In or obout 22C. WHERE DID (II in Boltimore City, give bidg., etc.) INJURY OCCUR? Int. Of Rt.	50 & Ridenour Rd.
	approx. 6 miles N. of	Hagerstown, Md.
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	- or in on outo
(APPROX.) 12 20 70 10 30 WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	Subject was a passen	dent.
23.	77	
	and that an this basis, death in	
resulted fram: Natural causes Accident XX Suici		er 🔲
J. J. 101/	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE SULLIVITY M.E.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER XXXX	12/23/70
Traile (type)		
24A. BURIAL CREMATION, REMOVAL (Specify) Burial  12-24-70  Harbaugh C		lown, or county) (Stote)  [aryland]
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 30 1970 Palent E. Jailen Ma	2 Davis Funeral Home Smi	thsburg, Md.
	A SALTES SHOT WAS AND THE	
VS 151-REV. 3/1/68		

TENDER OF BEING AND THE TOTAL OF THE PERSON OF THE PERSON

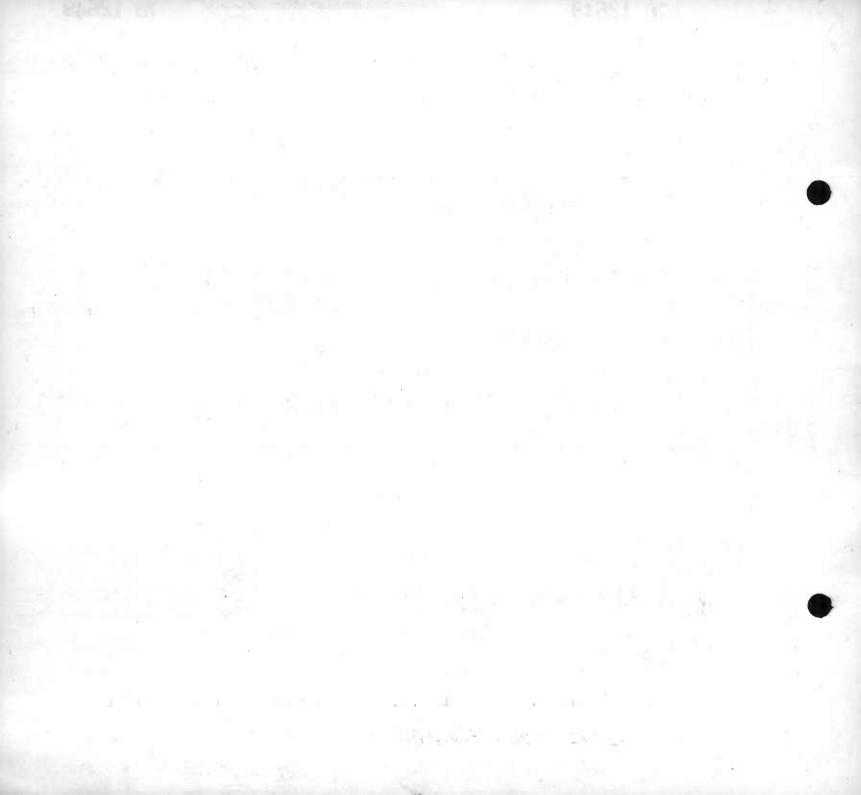
	BALTIMORE CITY	HEALTH DEPARTMENT	V	70 49040
M.E. CASE NO. 70 12648	CERTIFICA	TE OF DEATH	Registered No	. 70 12648
TINAME OF DECEASED ALEXANDER	MELNIK	2. DATE AF	D HOUR OF DEAT	6 30 P
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe		institution: residence before admission
FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location)	ution, give street	C. CITY OR TOWN (If ou	Wicomico	e RURAL ond give township)
.10		SALISBU	rurol, give location)	
Maryland General Ho	spital		ENT ST.	
5. SEX   6. RACE   MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  LABBEER  MFC	. Company	OHic	9	USA
3. FATHER'S NAME	· company	14. MOTHER'S MAIDEN NA	ME	
Joseph Melnik		Terise -	Kossma	
5. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	F Melnik	ADDRESS Q17 Vincent St
YES WW IT	384-03-05	8 ms. Louise	יא וופוווא,	917 Vincent St. Salisbury, Maryland
18.238.11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	_	100:00 100	E. P	1/2 11 0
(This does not mean the mode of dying,	e.g., DUE TO	4RDIAC ARR	637	/2/7/
heart foilure, asthenia, etc. It means the dis injury or complication which caused deoth.)	ease,	RAAN TUMOR		0
ANTECEDENT CAUSES	(B) DUE TO	KAAN LUMBR		6 WKS
DISEASES OR CONDITIONS, if any,				
rise to the above couse (A) stating UNDERLYING CONDITION lost.	the (C)	\$	60 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.				
198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. A CODENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21°C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltin	nore City, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour		21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Work Not Whi			
22. I certify that (1) (this hospital) atten	ded the deceased from	1//5	19 To to	12/23 19 70
that (1) (we) lost sow the deceased alive	on 12 /23	19 70 ond th	hot in (my) (our)	ppinion deoth occurred on the da
and haur and from the causes stated abo	ive. (t) (We) (did) (did nat)	view the body ofter death.		
23A. SIGNATURE	.15			23B. DATE SIGNED
tustin fouch	M.D. All Phy	ending Med.  Oirector	Phys.	12/23/20
23C. PHYSICIAN'S NAME (Type) A RISTIN STU	EBGR M.D.	23D. ADDRESS 621	n Hos,	0
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION	(City, town, or county) (State)
Burial 12/27/70	Shad Point Cemet	ery R.D	Salisbu	ry, Wicomico, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	250 FUNERAL DIRECTO	R	ADDRESS
DEC 3 U 1970 Valent	E. Jaiber, M.D.	Holloway Fune	eral Home,	Salisbury, Maryland
VS 150-REV.91/1/65				



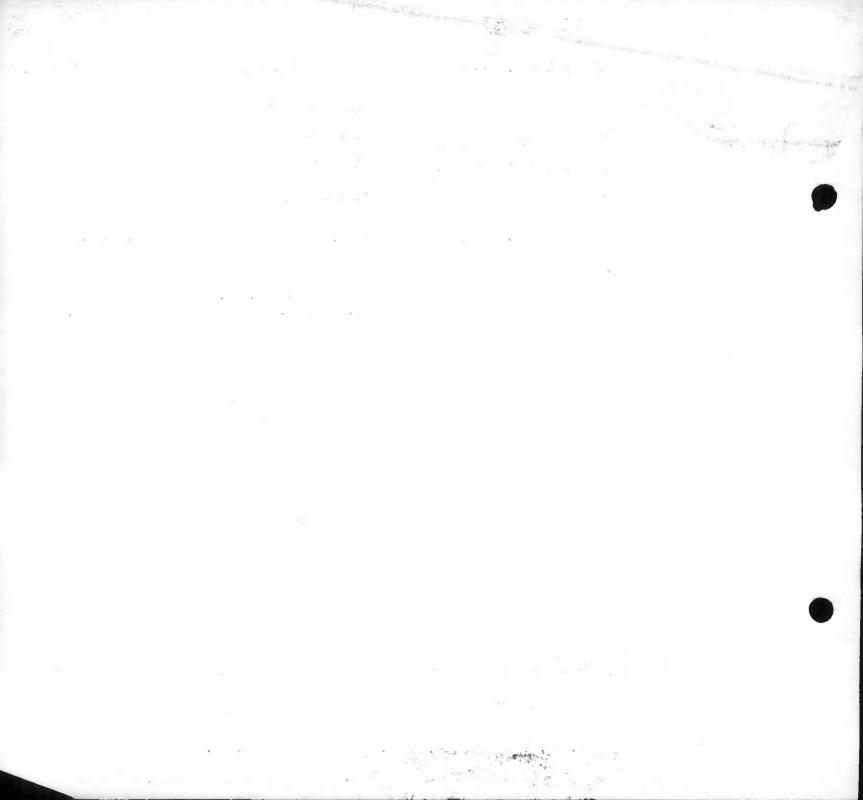
IMPORTANT

FUNERAL DIRECTOR:

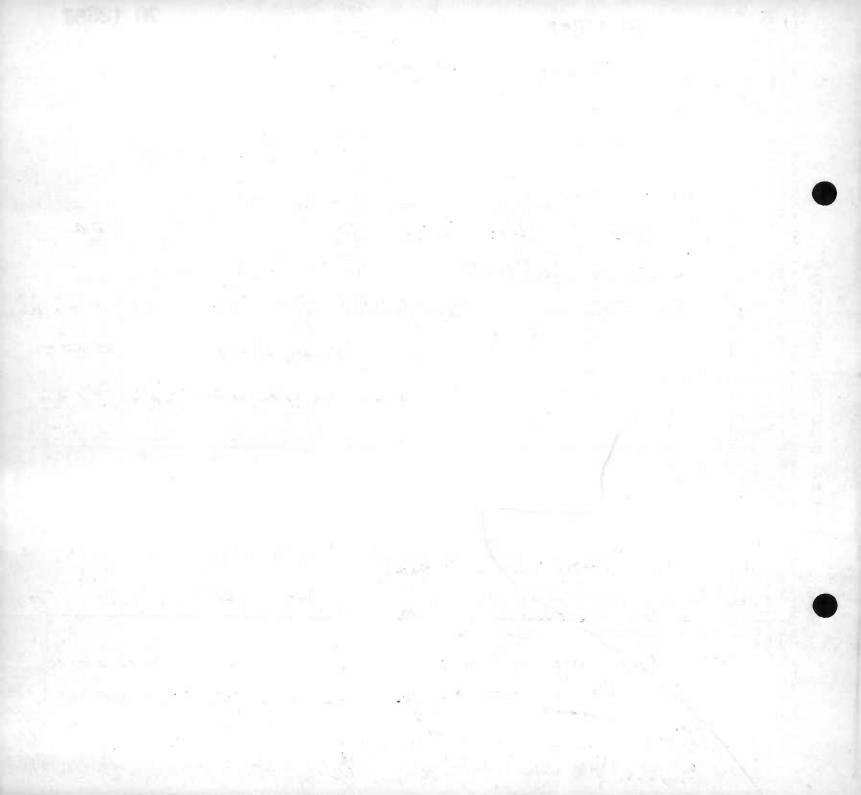
BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68



0	11		12651 BAI	TIMORE CITY HEALTH DEPARTMENT	70 420#4
2	4630=	BIR	TH NO. 70 12654 CE	RTIFICATE OF DEATH REG. N	o. 70 12650
	of death of death Deceased e on the ath. Such	1.1	NAME OF DECEASED	2. DATE AND HOUR OF D	
	P ece		PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE		d. If institution; residence before admission)
				A. STATE B. COUNTY	1248
	hos iuse (5) dand dand	HC	ILL NAME OF OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STITUTION OF S	C. CITY OR TOWN	. INSIDE CITY LIMITS?
	l in a l ng cau cause; attend ior to	,	Willon Mem Hosp	Baltimore	YES NO NO
	TO			3631 Ash St	reet
	occurre ontribut ermined regular eased p	5.	- / /// / MARKIED NEVER	Total designation of the second of the secon	s If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	occu ontri ermi regu eased is me	104		OR INDUSTRY 11, BIRTHPLACE (Stote of foreign country)	12, CITIZEN OF WHAT COUNTRY?
	det det in ion	don	reducing most of working life, even if retired)	2101 Md	1150
	Sir S	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0 0 / 1
-	irect (4) (4) we the ispo	1	Samuel A SullIVAN	Ella A. Strice	Kland
A	stant ind; eath e on	15. (Ye	Was Deceased Ever in U. S. Armed Forces?  16. SOCIA SECUI	IL IT. INFORMANT	ADDRESS / O V
MPORTAN	sssis f th t th d d d d d d	_	100 = 2160	1945757118 RENE DURG	ep 3631/tsh)
9	o, if fany nced enda d or		DISEASE OR CONDITION DIRECTLY	SE OF DEATH	BETWEEN ONSET AND DEATH
2	Also Also e of noun atte		LEADING TO DEATH	IMMEDIATE CAUSE Coronary, Thromposi	J sulden
~			heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	DUE TO, OR AS A CONSEQUENCE OF:	
Ö	frac frac gul		ANTECEDENT CAUSES	Regnantensive Cardon rasialan	denon 4 years
	×am ×am ×h ×h			due to, or as a consequence of:	
DIRECTOR:			underlying condition lost. (C)		
		z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
A A	medic medic burn physi an w	ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
NERA	a m sody he p sicio	CERTIFIC	19A DATE OF OPERATION 19B CONDITION FOR WHICH OP	ERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
5		CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF	INJURY (e.g., in or obout 21C. WHERE DID (If In B	oltimore City, give exact location)
			DEATH (notify medical examiner) etc.)	ctory, street, office bldg., INJURY OCCUR?	
	hospit nature ept wh d (6) N	MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY (	OCCURRED 21F. HOW DID INJURY OCCUR?	
	rove ne h y ng xcep and (		Work	AT WORK	
	th th (ex)		22. I certify that (I) (this haspital) attended the decease that (I) (%e) last saw the deceased alive an		7 aplnian death accurred an the date
	P + 0 = 0 + 0		and haur and from the causes stated above. (1) (We) (3)		er aprillan death accorred an the date
			23A. SIGNATURE		23 B. DATE SIGNED
	2 9 6 0		Kenter Motomon , m. D	Attending Med. Staff Phys.	12-28-70
	0 - 0 - 0 >		23C. PHYSICIAN'S REUBEN HOFFMAN	, M.D 23D. ADDRESS W. 36 7-57., 7	BALTIMORE, MD.
	# ( C * D H	24/	A BURIAL CREMATION, 24B. DATE 24C. NAME of CE	METERY OF CREMATORY 24D. LOCATION	(City, town, or gounty) (State)
		1	DUKIZ 12-29-70 (1)0001	12mm Cem Mondland	n Bollo G Ma
	this cer he bod hows: was D.C decease	25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTR	AR PEUNERAL BIRECTOR	BADDRESS M
	P + 10 5 TJ 5	11	TIPE OF THE TAXABLE TO THE TAXABLE T	111111100 100 10001	TRIANO LISTEN IVIS



FDIAL		TITY HEALTH DEPARTMENT
2002	BIRTH NO. 70 12652 CERTIFIC	CATE OF DEATH REG. NO. 70 12652
death death eased n the Such	1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
	(Type or Print) Evan H. Ensor	11 10 8 1 M
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
hospitise of (5) De ance death	SHILL MAKE OF HE MED IN MORNING	A. SIAIE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN BULL. 5300
		C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO
ting d cau r att	Union Memorial Hosp	E. STREET AND NUMBER
9 ± 0 L d 6	- TORION MEMOSIA MOSP	Box 187 Rt. #1 : Park Meights Auc
tribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Ye., If Under 24 Hrs.
contrik letermin in regul eceased	WIDOWED DIVORCED	7 06-23-93   lost birthdoy 77   Months Doys   Hours   Min.
h con	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
B L O D	Retired Farmer	Mariland
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
direct; (4) Uth wanthe	Evan H Ensor	
	15 Was Decorated Even in 11 S A I E 2	Unknown Wilhelmina Fowble
the d the d kind; death nce or final d	(tes, no of unknown) (if yes, give wor of doles of service) SECURITY NO.	1.55
S + _ E E		22 Mrs. Grace A. Ensor Owings Mills
SESPO	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
Also, e of noun atter	LEADING TO DEATH	CAUSE Locking Portic Amourysm
5 5 5 5	IThis does not mean the mode of dying, e.g.,  (A) IMMEDIATE C  DUE TO, OR	AS A CONSEQUENCE OF:
miner. fractu o pro gular emba	heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	
E-Tobe	ANTECEDENT CAUSES	
X B 4 3 L L	DISEASES OR CONDITIONS, if any, giving DUE TO, OR	AS A CONSEQUENCE OF:
(3) (3) E E E E E E E E E E E E E E E E E E E	rise la the above cause (A) stating the UNDERLYING CONDITION tast. (C)	
dical dical rrns; (; rsician was ii mains	11	A4000000000000000000000000000000000000
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Renal Failure
med med dy bur by physician v	⟨ DISEASE OR CONDITION GIVEN IN PART I (A).	renal failure
石口の方に土	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
7 7 7		in a charilate water DID
=======================================	O 27A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR? (If In Boltimore City, give exact location)
	O 21D-TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	212 11011 212
roved by the hospitally nature; xcept who ind (6) No btained be	Z OF INJURY	21f. HOW DID INJURY OCCUR?
provent he	Work L AT We	hite I
07 5 6 0 0	22. I certify that (1) (this hospital) attended the deceased from	12/27 19 70 to 12/28 19 70
교수생교순의	that we lost saw the deceased alive on 12/28	19 70 ond that in(my) (our) opinion death occurred on the date
de printe s	and hoer and from the causes stated above. (1) (We) (did) (did not)	view the body after death.
S S S S E	23A-SIGNATURE	thending Med. Staff
	P ( ) C( )	hys. Director Phys. 1/2/20/70
was r An a L at c prior	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	24A BURIAL CREATION DE DECR	
F-4000 -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
	Burial 12/30/70 Bosley Ceme	
This cert the body shows: ( was D.O decease	OF C 30 1970 Robert E. Jacker RA	J. F. Eline & Sons Reisterstown Md
	VS 150-REV. 1/1/68	1 0. L. ETTHE & DOLLS METSCELSCOMIL LIG

IMPORTANT

FUNERAL DIRECTOR:





IMPORTANT

FUNERAL DIRECTOR:

- 11	BALTIMOR	DRE CITY HEALTH DEPARTMENT
	DIKITI 140.	IFICATE OF DEATH × REG. NO. 70 12654
	1. NAME OF DECEASED (Type or Print)  EVERING: 1	Marie 2. DATE AND HOUR/OF DEATH 12 40 P.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decrosed lived, If institution: residence before admission) A, STATE B, COUNTY
Ì	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE HOSPITAL OR INSTITUTION, GIVE STRE INSTITUTION	REET BACTIMORE 5300
	CHURCH Haras Amail	BACTIMORE YES NO
3	5 Balli mor Md 2/23/	E. STREET AND NUMBER 7000, GOLDEN RING ROAD.
	5. SEX 6. RACE 7. MARRIED NEVER MARRI WIDOWED W DIVORCE	Months Doys Hours Min.
I	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IN	
I	done during most of working life, even if retired)  140 MEMO/C.E.K.	MARYLAND 21-S.A.
	13. FATHER'S NAME  TOHN GREEN	V. CAROLINE ? Olschinsky
1	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no er unkform) (If yes, give wor er dates of service)  16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
	(Yes, no er unkfown) (If yes, give wor er dates of service) SECURITY NO	1620 1 E
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND GEATH
	(A)IMMEDI	o, OR AS A CONSEQUENCE OF:  The chamical Interstinal
1	ANTECEDENT CAUSES	atraction 1/2 / 1/
	DISEASES OR CONDITIONS, if any, giving nise to the abave cause (A) staling the UNDERLYING CONDITION tast.	atrial funda tem ( phonona) 0, OR AS A CONSEQUENCE OF: by de on a. 12-28-70.
1		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION WAS PERFORMED  214. ACCIDENT WAS UNDERLYING  214. ACCIDENT WAS UNDERLYING  214. ACCIDENT WAS UNDERLYING  215. PLACE OF INJURE	ON 20A. AUTOPST? (Tes of No.) 20B. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF hame, form, foctory, setc.)	RY (e.g., in er ebout 21C. WHERE DID sheet, effice bldg., INJURY OCCUR? [If In Boltimore City, give exoct lecotion]
i	21D-TIME (Month) (Doy) (Teor) (Haus) 21E INJURY OCCURR OF INJURY (APPROX.) While At N	RED 21F. HOW DID INJURT OCCUR?  Not While At Work
Ш	22. I certify that (i) (this hospital) attended the deseased from	
	that (1) (we) last saw the deceased alive an	38 19 70 and that in (my) (our) opinion death accurred on the date
Ш	and have and from the causes stated above. (I) (We) (did) (did	d nat) view the bady after death.
	23A. SIGNATURE A VASCUE A	Attending Med. Staff 23B. DATE SGNED 10 18 10
	23C. PHTSICIAN'S NAME (Type)	23D. ADDRESS (31)
	PREMOVAL (Specily)	IT OF CREMATORT 24D. LOCATION (Gity, town, or county) (Stote)
	25A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR	mexical Per Condy De Jensone, Manglest
1	DFC 30 1970 Robert E. Jaben M.D.	I A thill & Doch 1211 Ches Aco Here
1	VS 150-REV. 1/1/68	

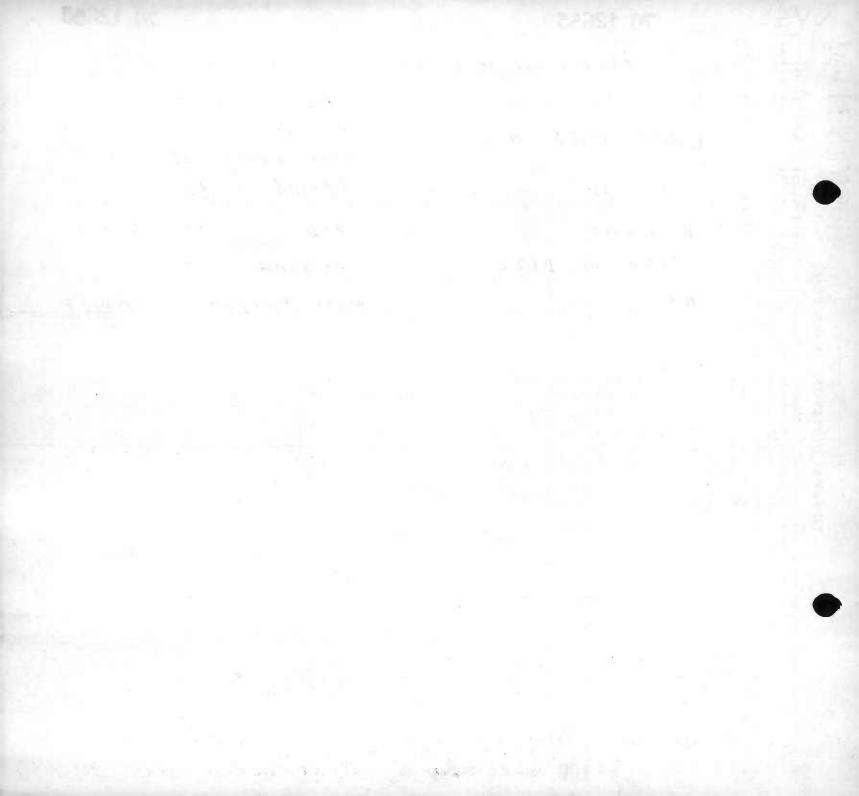
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FUNERAL DIRECTOR:

VS 150-REV. 1/1/

BALTIMORE CITY HEALTH DEPARTMENT

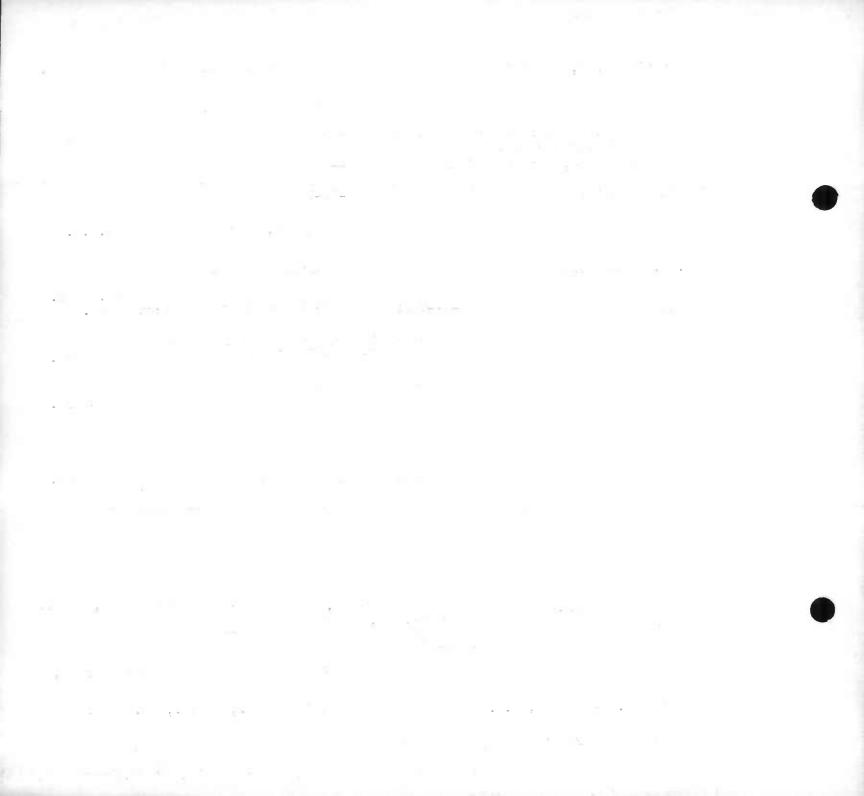


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PO	o, if fany nced
2	Als Als nou att
FUNERAL DIRECTOR: IMPORTANT	iner. actu pro ofar mba
CT	A fr Who reg
JIRE	alex (3) (3) (3) in
AL D	dica dica urns vsici ysici
ER/	of medy by by by by by cian
S	by children () Bo the thysical
-	broved by the chief medical examiner or his assistant if death occurred he hospital by a medical examiner. Also, if the direct or contributing ny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined by nature; (5) Body burns; (6) A fracture of any kind; (6) Undetermined by a second not be physician who pronounced death was in regular and (6) No physician was in regular attendance on the deceased probatined before the remains are embalmed or final disposition is made.
	pt w pt w (6)
	prov the I ny n exce and
	of a of a (filt);
	ase dent bspirt dear
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	was An An An Prio
	ody S: (1) Sod Sed
	his chows
	F - 4 3 D 3

70 12658		TE OF DEATH REG. NO.	70 12658
BIRTH NO.	CLKIIICA	TE OF DEATH	
Type or Print)		2. DATE AND HOUR OF DEATH	
WORTHINGTON, Eleanor 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NICED DEAD	December 26, 197	70   2:40 P. M
A FEACE IN SALIMONE MARILAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		Maryland Montgomery	County 6500
The Seton Psychiatri	c Institute	Garret Park	YES NO 🔀
6400 Wabash Avenue	03035	E. STREET AND NUMBER	
Baltimore, Maryland			
Female White WIDOWED	NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In years lost birthday) 91	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	NONE	Chillicathe, Ohio	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
R. T. Worthington		Mary Arobella Piatt	
5. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) [III yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	220-54-6975	Hospital Records - 6400	eton Psy. Inst.
18. // 23 9	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		l vascular thrombosis, wit	BETWEEN ONICET AND DEATH
LEADING TO DEATH	recurre	nt stroke syndrome	
This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:	3 yrs.
heart failure, asthenia, etc. 11 means the disease, injury ar camplication which caused death.)			
ANTECEDENT CAUSES	cerepra	l and general arterioscler	
	(B)	15 yrs.	
DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stating the	DUE 10, OR AS	A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(c)	***************************************	
_ 11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Schizonhr	enia, Chronic undifferenti	sted 70 ms
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************	enta, ontonic undifferenci	ated 70 yrs.
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR W WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 1	HICH OPERATION	NO 20A- AUTOPSY? (Yes or No.) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home etc.)	LACE OF INJURY (e.g., In form, foctory, street, off	or obout 21C. WHERE DID (II In Boltimor	re City, give exoct locotion)
	NJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	Not While		
22. I certify that (X) (this hospital) attended the	Describer 2	70 19 14 to Det	cember 26, 19 70
that (4) (we) last saw the deceased alive an	necember 20	and that In (my) KoverKapl	nian death accurred an the date
and have and from the causes stated above. (1)	(Me) (q1q) (q/q/, mg/) vi	ew the bady after death.	
23A. SIGNATURE	nul		23B, DATE SIGNED
Macho 12 Colores	DEGREE Phys.	ding for Med. Shaff Phys.	December 26, 197
	(DEGREE)	3D. ADDRESS	
23C.PHYSICIAN'S	1-		
NAME (Type)		6400 Wabash Asro Balta	MA 21215
Walter O. Jahrreiss, M.D.  4A. BURIAL CREMATION,  248. DATE    24C. NA/	DEGREE	6400 Wabash Ave., Balto.	
Walter O. Jahrreiss, M.D.  4A. BURIAL CREMATION, 248. DATE 24C. NAI REMOVAL (Specify) 248. DATE 24C. NAI	DEGREE ME of CEMETERY of CRE	MATORY 24D. LOCATION (Ci	ty, town, or county) (Stole)
Walter O. Jahrreiss, M.D.  4A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 12/30/70 New	DEGREE WE OF CEMETERY OF CREE WE Cathedral	Cometery Baltimore C	ity, town, or county) (Stote)
Walter O. Jahrreiss, M.D.  4A. BURIAL CREMATION, 248. DATE 24C. NAI REMOVAL (Specify) BURIAL 12/30/70 Net 5A. DATE REC'D BY HEALTH DEPT. 258. NAME OF	DEGREE WE OF CEMETERY OF CREE WE Cathedral	MATORY 24D. LOCATION (Ci	ity, town, or county) (Stote) Lity, Maryland ADDRESS



VS 150-REV. 1/1/68



hospital

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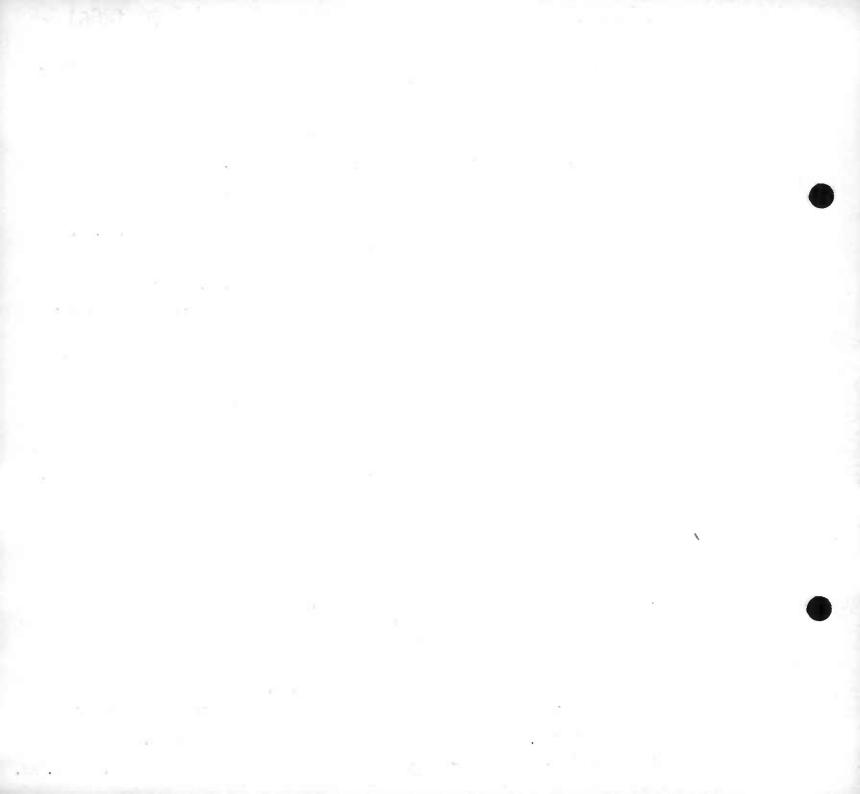
**DIRECTOR:** 

FUNERAL

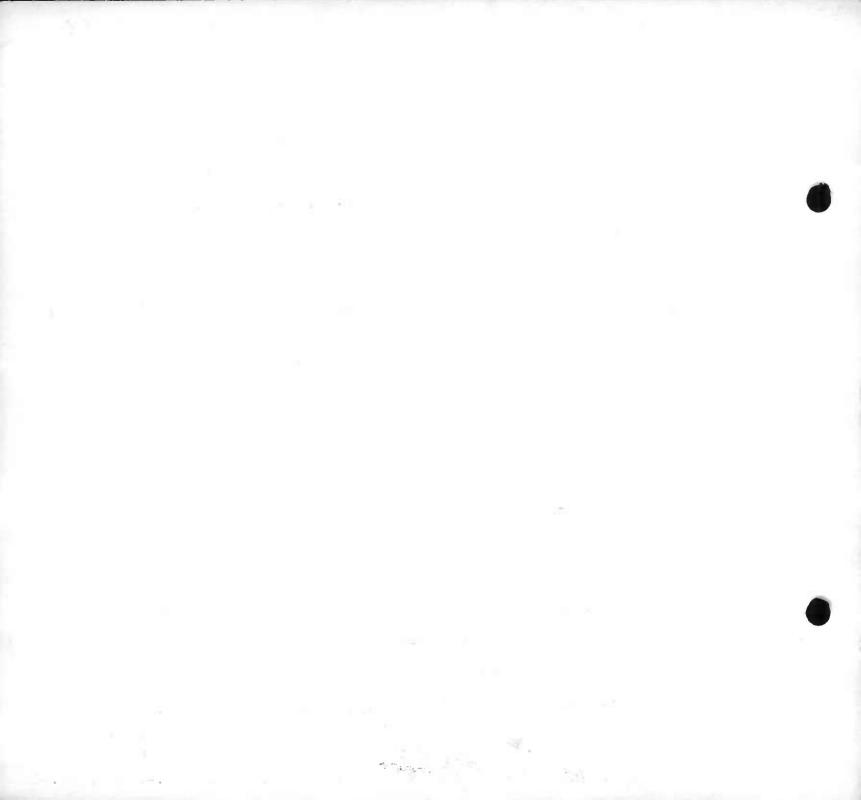
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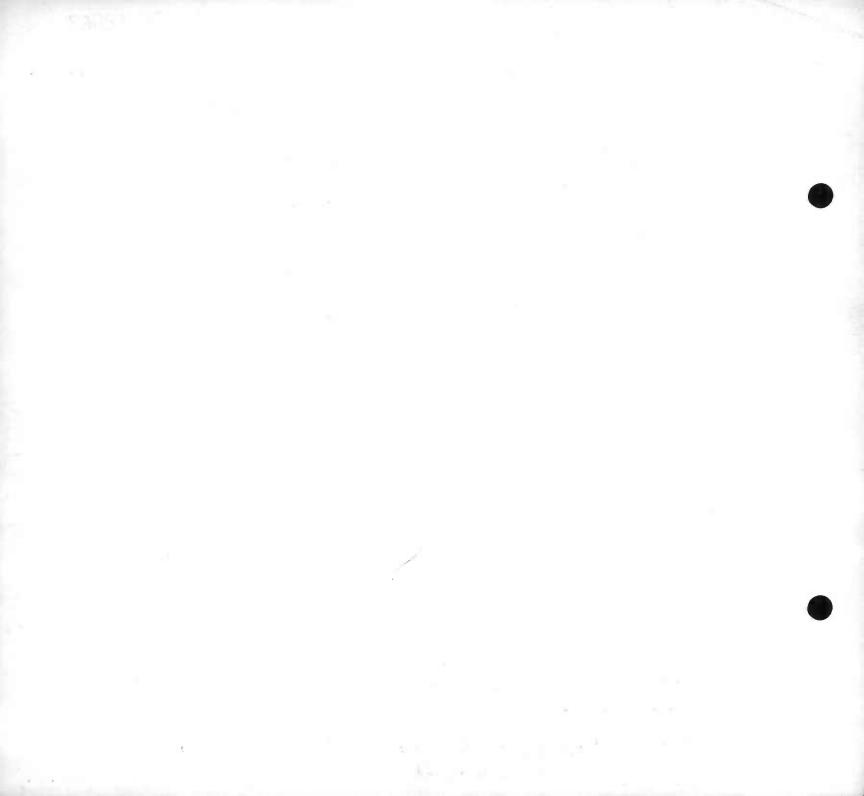
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BIRTH NO.	12662		CERTIFIC			REG. I		12662
(Type or Print)	DORIS		DiPAC	I.A		AND HOUR OF	DEATH	2 20
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO			Dec AL RESIDENCE ()	Where deceased liv	ed. Il institution	residence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Mar	ryland Ortown	утич	D. INSIDE CITY	2758
00	1912 Swanse	a Road	114	E. STRE	Ltimore ET AND NUMBE	R	YES	
5. SEX	6. RACE	14			L2 Swans			
female	caucasian	WIDOWED		Oct	OF BIRTH 28,1915	9. AGE (In yes	5 If Un Month	der 1 Yr. II Under 24 Hrs s Doys Hours Min.
done during most of housew	CUPATION (Give kind of work I working lile, even il refired) Vife	108, KIND OI	BUSINESS OR INOUSTI	Y 11. BIRT	Kentu			TIZEN OF WHAT COUNTR
13. FATHER'S NA				14. MO	HER'S MAIDEN			
	James Whi	tt				Arle	y Adkir	ıs
15. Was Deceased	d Ever in U. S. Armed Ford	os?	1 6. SOCIAL	17. INFO	RMANT			ADDRESS
no	mus yes, give wor or dole:	or servicel	SECURITY NO.	Mr.	Joseph D	iPaola.l	912 Sw	ansea Rd,14
18.	91-1		CAUSE OF DEA		-			APPROXIMATE INTERVAL
/ 50 4	SE OR CONDITION DIR LEADING TO DEATH	ECTLY		24	etastus,	luge .	Ē	BETWEEN ONSET AND DEAT
(This does	nol meon the mode of	dying, e.g.,	(A) IMMEDIATE CA		QUENCE OF:		*****	
injury of Cor	asthenio, etc. 11 means	the disease, deoth.)						
T I	ANTECEDENT CAUSES		10.5					
DISEASES	OR CONDITIONS, if	iny, giving	(B) DUE TO, OR A	S A CONS	EQUENCE OF:	****	*********	***************************************
rise to th	e above cause (A)	slaling the						
ONDERLIIN	G CONDITION lost.		(c)				*************	
OTHER SIGNI	 FICANT CONDITIONS CON TH BUT NOT RELATED TO TH	E TERMINAL						
OTHER SIGNII TO THE DEA DISEASE OR C 19A. DATE OF	F OPERATION 198 CONE WAS PERF	STION FOR V	WHICH OPERATION	20A.	AUTOPSY? (Yes or	No) 208. IF YES, IN CERTIFY!	WERE FINDING	S CONSIDERED DEATH?
OR CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF medical examined	218, hom etc.	PLACE OF INJURY (e.g., e, form, foctory, street,	in or about office bldg.,	21 C. WHERE DIC	(II In I	Boltimoro City, g	ive exoct locotion)
21D.TIME OF INJURY	(Month) (Doy) (Year)	(Houd 21E	INJURY OCCURRED		21F. HOW DID	INJURY OCCUR?		
(APPROX.)		Whi	le At Not Wh	ile 🔲	}			
22. I cartify	that (i) (this hespital)			any.		1968 10	12/25-	10 70
	last saw the decease		/	700000000000000000000000000000000000000	_			
	•						m/ apinion de	ath accurred an the dat
23A. SIGNATU	d from the causes state	ed abave. (I	) (%) (did) (didient)	view the	bady after deat	h.	1000	
	sept P- 2	5 heel	A MAD At	ending 🔽	Med.	Shiff C	238, 07	ATE SIGNED
10	101 00	e vary	OEGREE Ph	ys. JAJ	Director L	Staff Phys.	12	125/10
23 CIPHYSICIA NAME (1	ype Dr. Josep	h R. I	iberto	3508		t,Balto,	Md.	t
24A. BURIAL CRE REMOVAL (	MATION, 248. DATES	24C. NA	ME PER CEMETERY OF C	EMAJORY	V 24D	LOCATION Bal	t. i Hilly sown	McCounty) (Stote)
Burial		O. Hon	N×HT*RHXKXKW	KERKER	XXX		XXXXXXXX	
25A. DATE REC'O			F REGISTRAR		FUNERAL DIRECT		y	ADDRESS
0			Jaben Ka				IncBa	alto, Md14
VS 150-REV. 1/1/	The second secon		7					/



	DRISCOL	L PATRICK	JOSEPH			2.0011	12 25 70	DEATH	1	8:10 A.
3. F	PLACE IN BALTIMOR	E MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIL	B. COL	here deceesed I	ved. If ins	titutien; reside	nce before admission
FU I	LL NAME OF (II	NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	MD	BA	LTIMORE		5.	200
INS	NOILOTIL				C. CITY OR TOW			D. INSIE	E CITY LIMITS	
-di		MINISTRAT		PITAL	TOWSON	MAR.	YLAND		YES	NO 🗓
	8900 LOCH R	AVEN BLVD					RAVEN BI	VD		
5. S			7- MARRIED	NEVER MARRIED X			9. AGE (In y		if Under 1 Y	r. , If Under 24 Hr
1	MALE	WHITTE	WIDOWED	DIVORCED	8 7 07	7	lost birthdey)		Menths Day	s Heurs Min.
OA. dene	USUAL OCCUPATIO	N (Give kind ef wer	108. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(Stete er fo	reign country)		12. CITIZEN	OF WHAT COUNTS
	UNKNOWN	,			BALTIN	ORE, I	MARYLAND		USA	
13. F	ATHER'S NAME				14. MOTHER'S	MAIDEN N	AME			
	DENNIS DRIS				DELIA	ROLLAI	ND			
5. V Yes,	Vos Deceosed Ever in no erunknown) (If yes	U. S. Armed Fe	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADI	ORESS
		2 5 7 42/		216 03 37 26	CLINICA	T. PEC	ORDS VAH	BATT	TMORE 1	Mīn
	18. 436	11		CAUSE OF DEA	TH	100	OTOD AVII	DALII.	API	ROXIMATE INTERVAL
		CONDITION DI	RECTLY						BETWE	EN ONSET AND DEA
	(This does not med	n the made of	dving. e.g.,	(A) IMMEDIATE CA	USE CER	EBRAL	VASCULA	R ACC	IDENT	2 MONTHS
	heart failure, astheni	o, etc. It means	the diseose,	DUE TO, OR AS	A CONSEQUENCE	OF:				
		DENT CAUSES								
	DISEASES OR CO	NDITIONS. II	ony, giving	(B)DUE TO, OR A	S A CONSEQUENCE	OF:		*******		******************
	rise to the obov	e cause (A)	sloting the						- 1	
-		11		(C)	****************			********		
No	OTHER SIGNIFICANT	ONDITIONS CO	NTRIBUTING		27 - 27					
d [[	O THE DEATH BUT NO ISEASE OR CONDITION	ON GIVEN IN PAR	T 1 (A).	***************************************	NONE		***********			
CERTIFIC	9A. DATE OF OPERA	TION 198 CON	DITION FOR V	HICH OPERATION	NO	? (Yes or N	(e) 20B, IF YES	WERE FIL	NDINGS CON	SIDERED H?
. 10	R CONTRIBUTINO	UNDERLYINO	21B,	PLACE OF INJURY (e.g.,		ERE DID	(If In	Boltimore	City, give exec	t locotien)
42 II	DEATH (notify medical	exomined	etc.)	sy tolling toology, allegy	Ance biog., INJORI	OCCUR:				
MEDIC	ID. TIME (Month	(Doy) (Yeel)		INJURY OCCURRED	21F. HO	W DID IN	JURY OCCUR?			
2	APPROX.)		Whit	e At Net Whi	le 🔲					
2	2. I certify that (Î	(this hospital	) attended th	e deceosed from	10/29/70		.19 to	12	25	19 70
	hat (i) (AA) last so				19 70	and t		Mr) opini	on death oc	curred on the do
c	and haur and from	he gauses stat	ed obove. (i)	(We) (dld) (MACKA)	view the body of	ter deoth.			J. 454   1 5 C	corred on the do
2	3A. SIGNATURE	1001		11111				2	3B, DATE SIG	NED
L	X/Y	LEXIC	V 7	Affi	inding Me	d. ector	Staff Phys.		12 20	5 70
2	3C. PHYSIDIAN'S NAME (Type)	Car per p	V		23D. ADDRESS					
	R.A. CASH	I, M.D.		DEGREE	VA HOSPIT	AL	BALTIN	ORE,	MAR	YLAND
	BURIAL CREMATION REMOVAL (Specify)	, 24B, DATE	24C. NA	ME of CEMETERY of CR			LOCATION	-	town, or ceur	
	rial	12/29/	70 Dul	aney Valley	Cemeter	y B	altimor	e,Ma	ryland	l
25A.	DATE REC'D BY HEA		258 NAME O	REGISTRAR	25C BUNERAL	DIRECTO	A.		Al	DDRESS
	DEC 3	1970 (12	Bert E.	ander Mille !	RUCK FU	NERAL	HOME 53	03 Hai	rfordRd	Balto .Md.
	50-REV. 1/1/68									



70 12664

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 70 1266 CERTIFICATE OF DEATH 2 DATE AND HOUR OF DEATH Donaldson 12/25/ Jr. 4. USUAL RESIDENCE (Where deceased lived. Il institution; teside Md. C. CITY OR TOWN D. INSIDE CITY L Baltimore YES X NO E. STREET AND NUMBER 701 Birchwood Ave. 9. AGE (In yours 8. DATE OF BIRTH 7 9 7 7 7. MARRIED NEVER MARRIED If Under 1 Yr. Months! Doys If Under 24 Hrs. Dec. DIVORCED 12. CITIZEN OF WHAT COUNTRY? Laurel, Delaware USA 14. MOTHER'S MAIDEN NAME Mary E. Carter 17. INFORMANT ADDRESS Mrs. Mary Mosley (Same CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF:

20 A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location)

21E INJURY OCCURRED 21E HOW DID INJURY OCCUR? Not While

At Wark and that in (my) (our) opinion deoth occurred on the date

and hour and from the couses stated above. (1) (We) (did) (did-net) view the body after death.

Attending Phys. 23D. ADDRESS

23 B. DATE SIGNED

4706 Harford Road

Balto. Mu. (City, town, or county)

Fellows Cemetery

Laurel,

24D. LOCATION

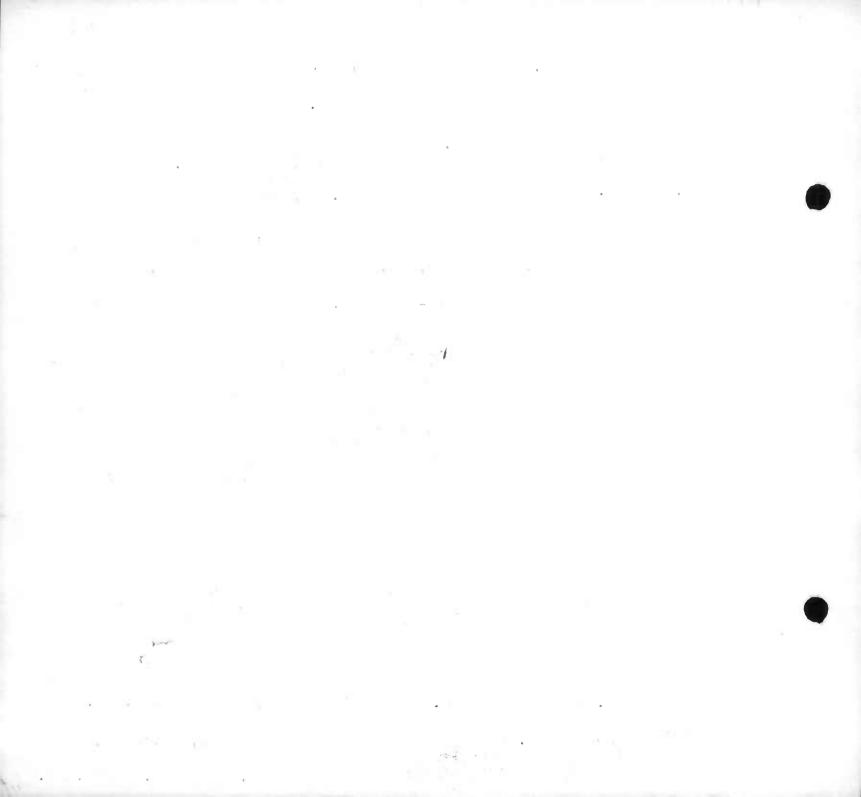
Delaware.

Robert E. Farber

ADDRESS

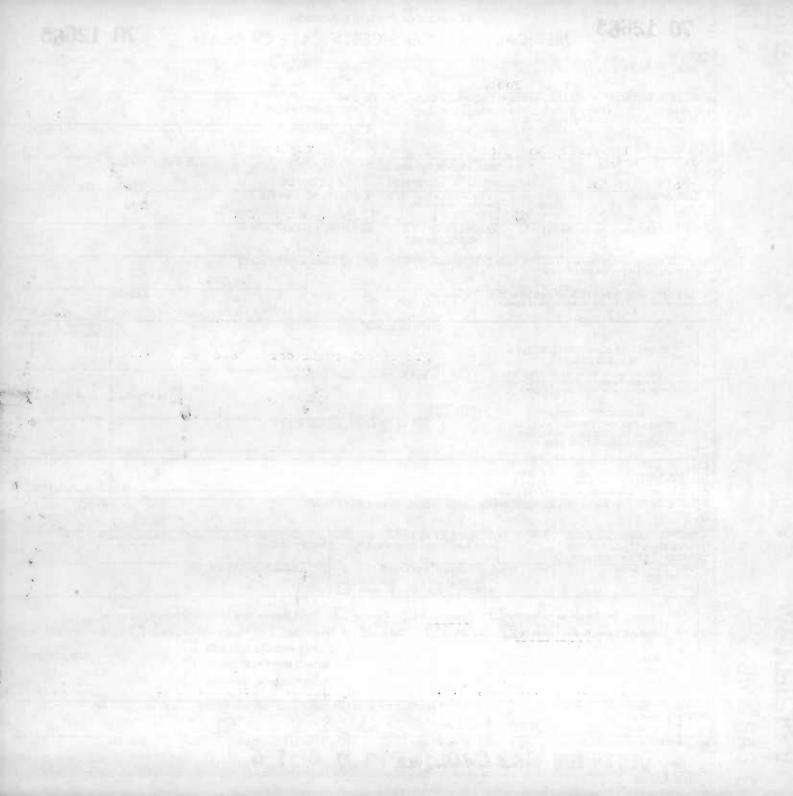
VS 150-REV. 1/1/68

Leonard J. Ruck Inc. Balto. Md.



VS 151-REV. 1/1/68

NAME OF DECEASED   Mamine   FOOLS     2. DATE   Recent   3	1	70 12665 MEDICAL EVALABLEDIS C		70 49Ccs					
I. NAME OF DECEASED   Mamile FOOLE   Control   Name		MEDICAL EXAMINER 3	CERTIFICATE OF DEATH REG. NO.	70 12665					
Cype or Pinn)   Mamie   Foots   Death   Deat			2 DATE Known A Month Day	Year Hour					
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FRONDUNCED DEAD 12 25 70 11:00 a, 10:00	4. PL		DEMIN						
University Hospital    A. STATE	FULL !	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 25	70 11:00 a <sub>M</sub>					
### AMBRIED   NEVER MARRIED   C. CITY OR TOWN   D. INSIDE CITY LIMITS?  ### DATE OF BIRTH   ID. AGE (Inyeer)   DIVORCED   Baltimore   YES   NO    ### PACE OF BIRTH   ID. AGE (Inyeer)   DIVORCED   Baltimore   YES   NO    ### PACE OF BIRTH   ID. AGE (Inyeer)   DIVORCED   Baltimore   YES   NO    ### PACE OF BIRTH   ID. AGE (Inyeer)   DIVORCED   Baltimore   YES   NO    ### PACE OF BIRTH   ID. AGE (Inyeer)   DIVORCED   Baltimore   YES   NO    ### PACE OF BIRTH   ID. AGE (Inyeer)   DIVORCED   DIVORCED   DIVORCED   DIVORCED   DIVORCED    ### PACE OF BIRTH   ID. AGE (Inyeer)   DIVORCED   DIVORCED   DIVORCED   DIVORCED   DIVORCED   DIVORCED    ### PACE OF BIRTH   ID. AGE (Inyeer)   DIVORCED	OKIN	SIMBION	A. STATE B. COUNTY	residence before odmission)					
Semale   Colored   WIDOWED   DIVORCED   Baltimore   YES   No	21		Maryland	2101					
9. DATE OF BIRTH    10. AGE (in years)   Months   Days   Minney   Minney   Minney   Months   Minney   Minne	6. SE	X 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?"					
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Continue		ATE OF BIRTH 10.AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.							
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AUSE OF CONDITION   Color   Included   Color	150	WHAT COUNTRY?	6.						
10. WAS DECEASED EVER IN U.S. ARMED PORCES?   17. SOCIAL NO.   18. INFORMANT   18. INFORMANT   19.	1	Marian Marian Marian Control of the Marian C	MALINE MAIDEN NAME						
19.   10. MAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL	done d	orting most of working life, even if reflired)	13. MOINER'S MAIDEN NAME						
Yes, no or unknown)   (if yes, ghys wor or dobes of service)   SSECIRITY NO.			Mannioner						
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EXAMINER'S Werner U. Spiez, M.D. Deputy Chief Medical Examiner 12/26/70			ASSISTANT MEDICAL EXAMINER	DATE SIGNED					
NAME (Type) Werner U. Sprez, M.D. Deputy Chief Medical Examiner 12/20/10		EXAMINED'S	ASSOCIATE MEDICAL EXAMINER	-0/05/70					
244 BUDIAL CREMATION 248 DATE 24C NAME of CEMETERY of CREMATORY. 24D LOCATION (CH. Land of Co.)		William and II Condition M D	eputy Chief Medical Examiner	12/26/70					
		BURIAL CREMATION 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION CHIP, town	, or coupty) (Stote)					
Busing 12-30-20 Int (when and Balls me)	KEM		1. ( nest broth	mix					
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS	25 /	THE TOTAL PROPERTY OF THE PROP		DDRESS					
DEC 30 BM PARE E JORGE 12 - DI DU BY BOOK Brown I tour les									

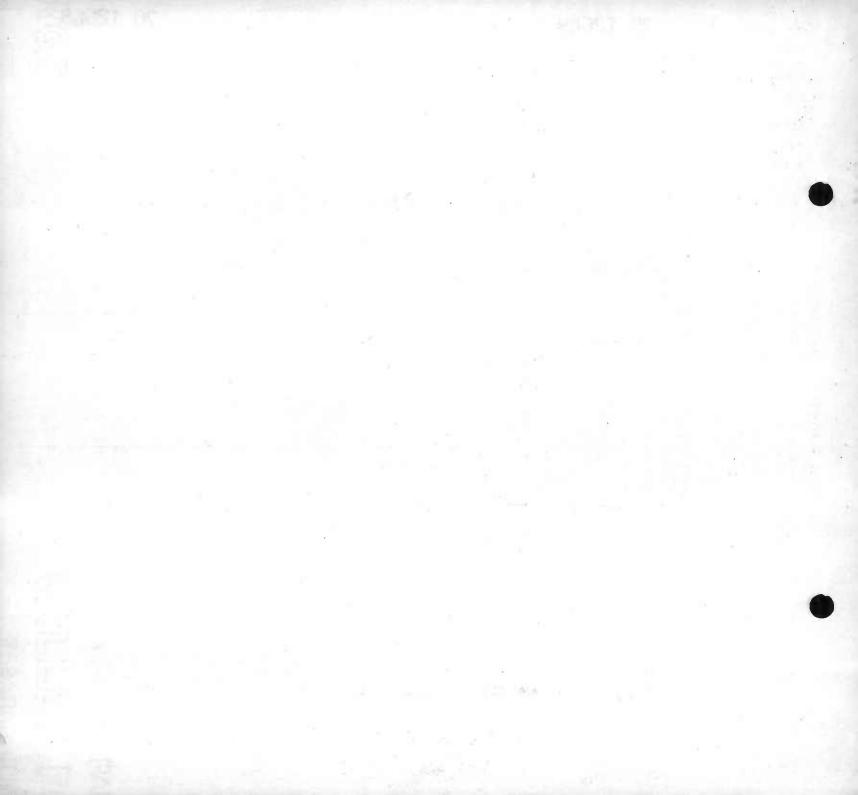


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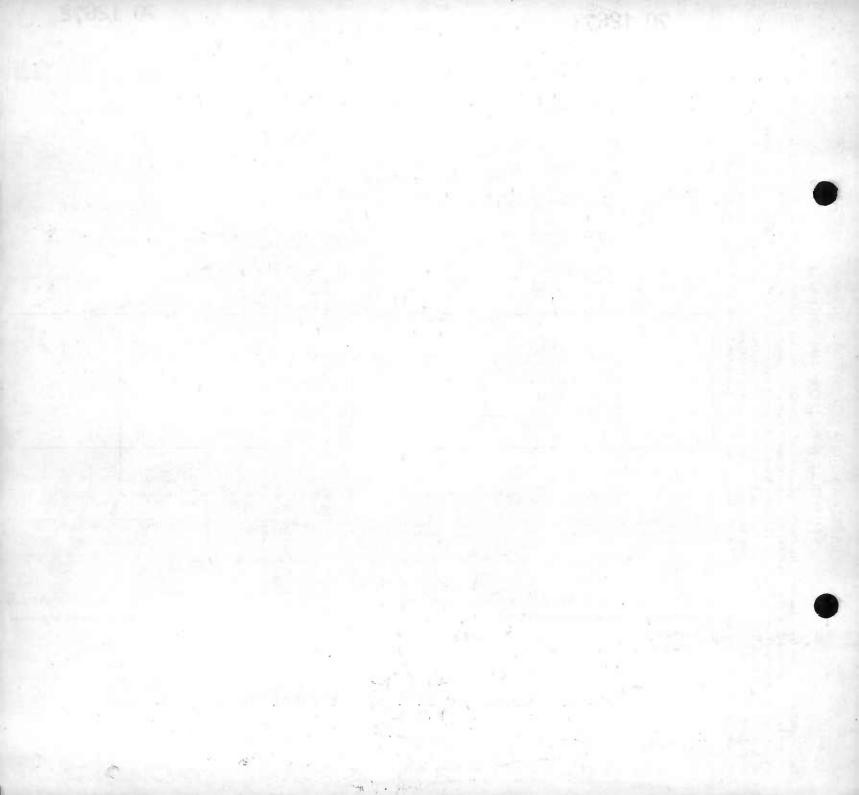




	BALLIMOKE CITT HEALTH DEPARTMENT	
MEDICAL	EXAMINER'S CERTIFICATE OF DEATH	70

7	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	70 2 0
	1. NAME OF DECEASED (Type or Print)  EDWARD W. GIBSON  2. DATE Known   Month Doy OF DEATH Estimoted	Yeor Hnur
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)  12 25	Yeor Hour 1970 3:40 a M.
	OR INSTITUTION  // 3436 Auchentoroly Terrace    S. USUAL RESIDENCE (Where deceased lived. If institution:   B. COUNTY	residence before odmission)
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY Male negro WIDOWED DIVORCED Balto.	
	9. DATE OF BIRTH  10. AGE (In yeors lost birthday)  10. AGE (In yeors Months Doys Hours Min. 3436 Auchentoroly Terrace	s E NO .
	11. BIRTHPLACE (Stole or loreign country)  12. CITIZEN OF WHAT COUNTRY?  BALTO, MARYLAND  12. CITIZEN OF WHAT COUNTRY?  WILLIAM GIBS	SON
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if refired)  AUSTIN	
	(Yes, no or unknown) (If yes, give wgc.er.dotes of service) SECURITY NO. 212-18-7300 ARTELIA GIBSON	S/A
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)IMMEDIATE CAUSE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ASCILLAR disease
	(This does not meon the mode of dyIng, e.g., heart foilure, osthenlo, etc. It meons the diseose, injury or complication which coused death.)	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
		21. AUTOPSY? (Yes or No)
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURED 22F. HOW DID INJURY OCCUR?	l locotion)
	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED. WHILE AT WORK 22F. HOW DID INJURY OCCUR?	
	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my or resulted from: Natural causes Accident Suicide Homicide Undetermined monner	
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE A	DATE SIGNED  12-25-70
	24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or, CREMATORY 24D. LOCATION (City, 10wn, PEMOVAL (Specify) 24D. LOCATION (City, 10wn, 10wn, 10wn)	
	25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDITION OF THE PROPERTY OF TH	ently he

17881 07 In the way a panel of the first of the same will be

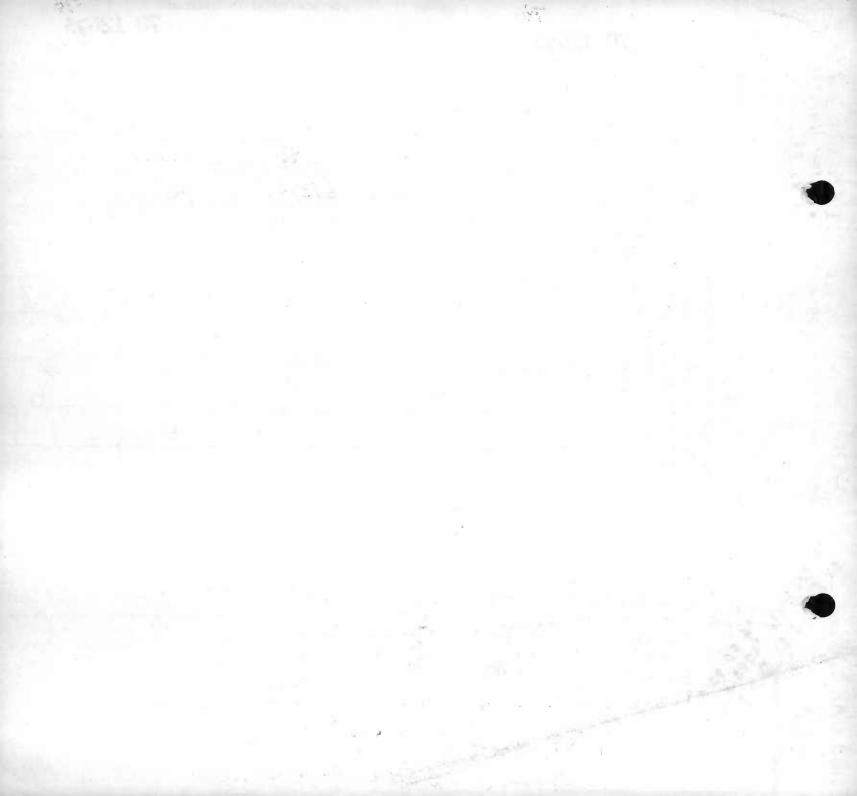


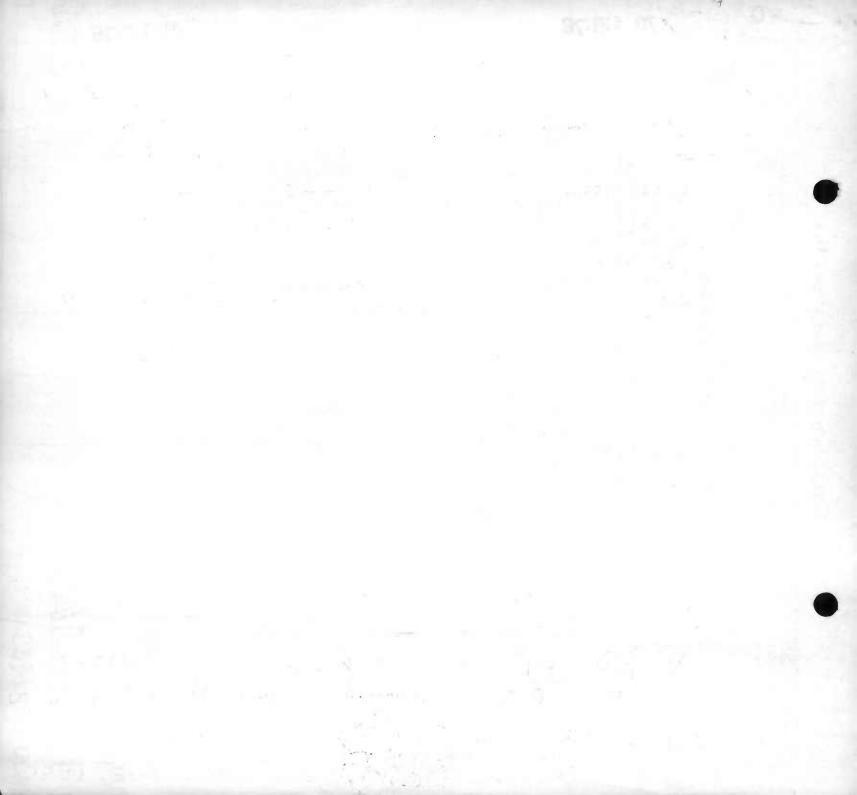
	70 12673	BALTIMORE CITY	HEALTH DEPART			40000	
BII	RTH NO.	CERTIFICA	TE OF DE	ATH RE	G. NO	70 12673	
1,1	NAME OF DECEASED JESSIE VEAL		2	12-28-70	OF DEATH	8:25	PM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	A. STATE	NCE (Where deceased B. COUNTY	lived. If ins	titution: residence before	odmission)
H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITU	TION, GIVE STREET	MARYLA C. CITY OR TOWN		n INSIN	DE CITY LIMITS?	
7	ISTITUTION		BALTIM	IORE		YES NO	
	THE JOHNS HOPKINS HOS	PITAL	1804 N	BROADWA	<b>V</b> /		
5,	SEX 6. RACE 7. MARRIED 2	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	yeors	If Under 1 Yr. If Und Months! Doys Hours	ler 24 Hrs, Min.
0,	FEMALE NEGRO WIDOWED		02-07-		- XVA	12. CITIZEN OF WHAT	COUNTRY?
do	ne during most of working life, even if retired)	hone		or. N.C.		71,S.A.	
	DOMESTIC AC	HOME	14. MOTHER'S M	AIDEN NAME		0,3,13	
	THOMAS SMALLWOOD		ELIZA	BETH		422255	
5. Ye	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown! (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT	1/		ADDRESS	
_	NO IIR.	CAUSE OF DEAT	Joseph	Veal 1804	N. 13	APPROXIMATE	NTERVAL
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.			OF:			
TION	11	(0)					
⋖	DISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20A. AUTOPSY	Yes or Not 20B, IF	ES, WERE FI	INDINGS CONSIDERED	
CERTIFIC	WAS PERFORMED		IV	<b>D</b>			
CALC	OR CONTRIBUTING CAUSE OF home etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or obout 21 C. WH ffice bldg., INJURY	ere DID (I OCCUR?	t in Boltimore	City, give exact location)	
MEDIO	21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED		W DID INJURY OCC	J R?		
	(APPROX.) World						
	22. I certify that (I) (this haspital) attended th						
	that (I) (we) last sow the deceased alive an				(aur) apin	ion death occurred a	n the date
and haur and fram the causes stoted abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED							
	Beraldy Elenbe	m OEGREE Phy	s. Med bire 23D. ADDRESS	d. Staff Phys. Phys.		12/28/70	2
	23C. PHYSICIAN'S NAME (Type) GERALD J. ELFE	NBEIN M.D.	THE JO	HNS HOPKI	NS HO	SPITAL	
24	- A 1 1/	ME of CEMETERY OF CRI	V	24D. LOCATION	(City	y, town, or county!	(State)
1	BUY 12 / 12-7/ Mt.	CalvaryCe	netery.	PNNC A	PUND	e/ Co., Md	,
23	DEC 30 1970 Page &	Janor Miles	Randel	of O. Centlin	R 243	18. Oliver	84.
VS	150-REV, 1/1/8B		" princing				

Bugh Harmonia Comment

VS 150-REV. 1/1/6B

\* 245 N. HEWROLE S. JUST ALIVO MERS 24-24-120 15 Yana area VEWEL A. PRINNEY BURGAL WAS TO BEELENS MEAN - TO THE TALL A



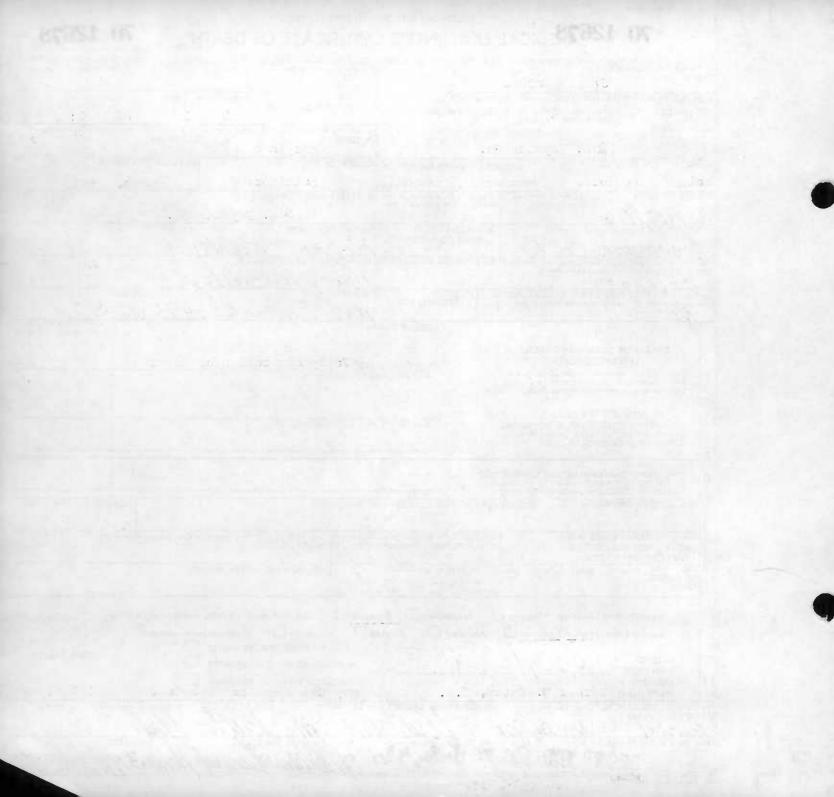


VS 150-REV. 1/1/6B



## 5 6 2 6 70 12678 EDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70 12678

BIR	TH NO.							WEO. 110			
	NAME OF DEC		Parker		2. DATE OF DEATH	Known &	Month	Doy	Yeor	Hnur	M
1 0	LACE IN BAL			NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	М.
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)					PRONO	UNCED DEAD	12	28	70	2:05	Р м.
JK I	MSHIOHOM				A. STATE	ESIDENCE (Where	deceosed li	B. COUNTY		perore odmiss	sion)
6	10	105 <b>Q</b> W. Fay	ette St	t.	The State	Maryland			/	80.	1,
5. S	EX	7. RACE		D NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE	CITY LIMITS?		
ma	1e	colored	WIDOWE			Baltimore			YES 🔇	по 🗆	
A	110.15.	1926 last birth	(in years H day) 44	f Under 1 Yr, if Under 24 Hrs lanths Days Haurs Min	E. STREET	105 W. F	ayett	e St.			
1.1	BIRTHPLACE (S	tate or lareign country	VCZ, 12	CITIZEN OF WHAT COUNTRY?	13. FATHER		Park	مربع			
	during most of w	rarking lile, even il relired		OF BUSINESS OR INDUSTR	Y 15. MOTH	R'S MAIDEN NAM	AE /				
6	LOZDOP WAS DECEASE	ED EVER IN U.S. ARM	ED FORCES?	17. SOCIAL	18. INFOR	KANT	1	/	ADDRESS		
Yes	, no or onknown)	(if yes, give wor or dak	s of service)	SECURITY NO.	ANN	. 17	25	44 130	vde	34	
7	19.57	1,81		CAUSE OF DE	ATH			/		PROXIMATE IN	
	DISEAS	E OR CONDITION DI	RECTLY								
		LEADING TO DEATH		CAMMEDIATE	CAUSE Fat	ty alterat	ion o	f liver			
	heart failure,	ot mean the made of , asthenia, etc. It means application which caused o	the disease,		AS A CONSE						
	44	NTECEDENT CAUSES		tol							
	DISEASES (	OR CONDITIONS IF A	NY, GIVING	DUE TO, OI	AS A CONS	QUENCE OF:					
	RISE TO THE	E ABOVE CAUSE (A) S	TATING THE								
Z	UNDERLIN	46 COMBINON DASI	•	(c)							
RTIFICATION		II									
췽	OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTION	NG							
Ĕ		CONDITION GIVEN IN									
집	20A. DATE OF	OPERATION 208. C	ONDITION FO	OR WHICH OPERATION V	VAS PERFOR	MED			21. AUTC	PSY? (Yes a	r Na)
핑	21								1700		
刂	22A. EXTER	NAL CAUSE WAS	122	OP DI ACE OF INITION	la as aband	22C WHERE DID A	u to Delitore	City alva	yes		
500	UNDERLYING	OR CONTRIB-	he	2B. PLACE OF INJURY (e.g ome, farm, factory, street, off	ice bldg., etc.)	INJURY OCCUR?	it in ballime	ire City, give	exact rocation)		
	22D. TIME	and the second s	ear) (Hour)	22E.INJURY OCCURRED		22F. HOW DID IN.	URY OCC	UR?			
	OF INJURY (APPROX.)				T WHILE						
	23.		m	NORK L. AT	WORK L			1			
						and allow and	to Conta	1 - 4 - 1			
		Ify that I held an	Inquiry L	Inspection A	utopsy	and that on th	ils basis,	, death in m	y opinion		
	resul	ted from: Natural c	auses	Accident Sulc	lde 🔲 🛮 H	amicide 🔲 📗	Undeterm	ned manne	- 🗀		
		Man	in 1			CHIEF MEDICAL E	XAMINER				
	ACTUAL		XID	7/1/	_ ASS	ISTANT MEDICAL E	XAMINER			DATE SIGN	AED
	SIGNAT		11	A	U.						
	NAME (1		U. Spitz	M.D.		Chief Medical E		xaminer	]	2/29/7	0
	A. BURIAL CRE	MATION, 248. DATE		24C. NAME of CEMETER	or CREMAT	ORY 24D.	LOCATION	Y (Chy. 10	wa, as county	) (Stot	te)
A.	MOVAL (Speci BUSULUM	Non:	31,1970	MITIUK	UM /	am. 15	allo	- 7/16	1,		
25		BY HEALTH DEPT.	258. NA	ME OF EFGIFTAR	25C.	FUNERAL DIRECTO	OR	111	ADDRESS	111	7
		DEC 3 0 1970	) Ber	R. F. Gorgen & S.	2 0//	Y WEND VI	inera	Home	13/98	Schis	
VS	151-REV. 1/1/6		-		110			1			



M 226	70 12679  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	70 12679
	1. NAME OF DECEASED (Type or Print)  James W. McEacern (McEachern)  2. DATE OF DEATH Settimoted 12  28	Yeor Hour 70 5:15 a. M.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)  13. DATE Month Doy PRONOUNCED DEAD 12 28	Year Hour 70 5:15 a M.
	OR INSTITUTION  2646 W. North Avenue  3. USUAL RESIDENCE (Where deceased lived, if Institution: B. COUNTY Md.	residence before admission)
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN male Negro WIDOWED DIVORCED Baltimore YES	Y LIMITS?
	9. DATE OF BIRTH 10. AGE (In years let under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER North Avenue 2646 W. North Avenue	
	11. BIRTHPLACE (State or foreign country)  New York City, New York  New York City, New York  WHAT COUNTRY?  WHAT COUNTRY?  William Fred McEachern	
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even #retired)  N/A  Carrie Belle Powell	. ,
	(Yes, no or unknown)(if yes, give wor or dates of service) SECURITY NO.	DRESS 30 Fairfax Rd.
A TOTAL	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart follure, asthenia, etc. is means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	/er
	DISEASE OR CONDITION GIVEN IN PART 1 (A)-	21. AUTOPSY? (Yes or No) yes
	22A. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., In or about local parts of the bidg., etc.) INJURY OCCUR?	
	22D. TIME (Month) (Day) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT WORK 22F. HOW DID INJURY OCCUR?	
		DATE SIGNED 12/28/70 or county) (Stote) Maryland DRESS
	DEC 30 1970 Per E. Jacker, R. 2. MORTON & DYETT F. H. 170	1 Laurens Stree

Letter from M.E.'s office 2-19-71 M.H.

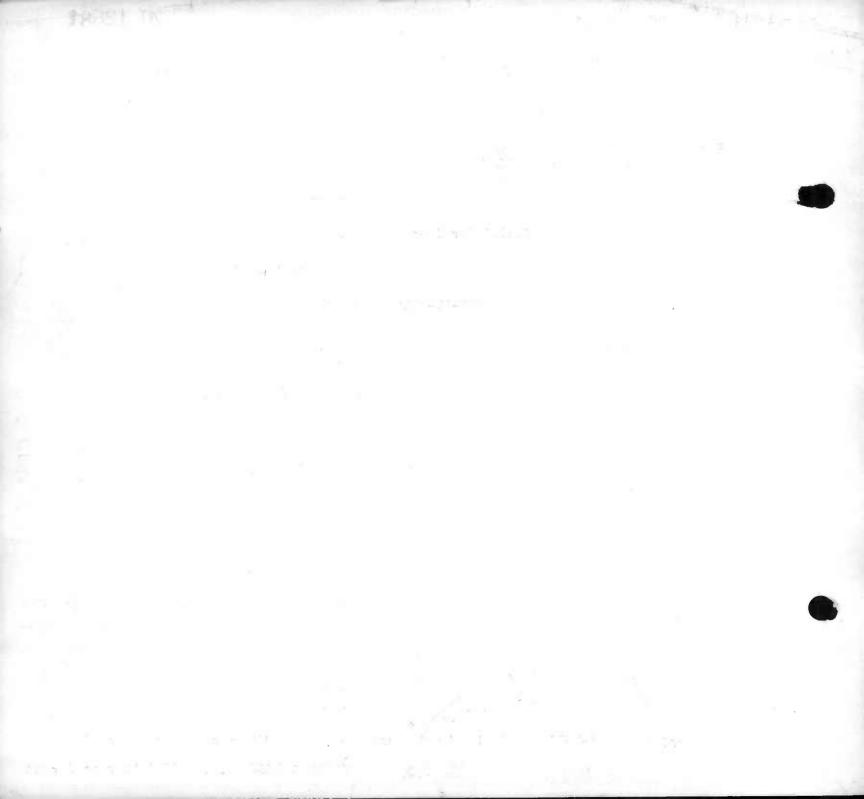
70 12680

MEDICAL	EV A MAINTEDIC	CERTIFICATE OF	DEATH
MEDICAL	EVAMILLEK 2	CERTIFICATE O	DEATH REC NO

70 12680 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 12680
I. NAME OF DECEASED	The state of the s
(Type or Print) HARRY ALDRIDGE BARNEY	2. DATE Known Month Doy Year Hour OF DEATH Estimated Month Month Doy Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 24 1970 3:10 p.m.
Lutheran Hospital	A. STATE  Mary land  B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN   D. INSIDE CITY LIMITS?
male negro WIDOWED DIVORCED DIVORCED 9. DATE OF BIRTH 10.AGE (In years   # Under 1 Yr, If Under 24 Hrs.	Balto. YES ₹ NO □
2-17-1949   lost birthdoy)   Months   Days   Hours   Min.	2439 Callow Ave.
II. BIRTHPLACE (Stote or foreign country)  Kershaw Co., South Carolina WHATCOUNTRY?	Layman Barney (Labin)
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired)  Truck Driver  C.O.D. Oil Co.  16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Rosa Lee Nettles
(Yes, no or unknown) (If yes, give wor or dotes of service)  No.  213-52-4850	M's Debbie Barney 2439 Callow Avenue
19. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE (A)	CAUSE Gunshot wound of chest
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
(c)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIB. UTING ☐ CAUSE OF DEATH.  22B. PLACE OF INJURY(e.g., home, farm, foctory, street, office street	In or obout 22C. WHERE DID (If In Boltimore City, give exact location) bldg., etc.) INJURY OCCUR? Arlington & Mosher St.
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) 12-24-70 ? m. WHILE AT WORK NOT AT W	Shot by policeman.
I certify that I held an Inquiry Inspection Au	tapsy and that on this basis, death in my opinion
resulted from: Natural causes Accident Suicid	Homicide W Undetermined manner CHIEF MEDICAL EXAMINER
SIGNATURE / / mitalation, M.D.	ASSISTANT MEDICAL EXAMINER   DATE SIGNED
EXAMINER'S NAME (Type) Tsidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER 12-25-70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 12-29-70 Arbutus Memo	
25A. DATE REC'D BY HEALTH DEPT.  DEO 3 0 1970 Robert E. Jacker C. 1	25C. FUNERAL DIRECTOR ADDRESS MORTON & DYETT F.H. 1701 Laurens Street
VS 151-REV. 1/1/68 / 75: /	T.

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VS 150-REV. 1/1/68



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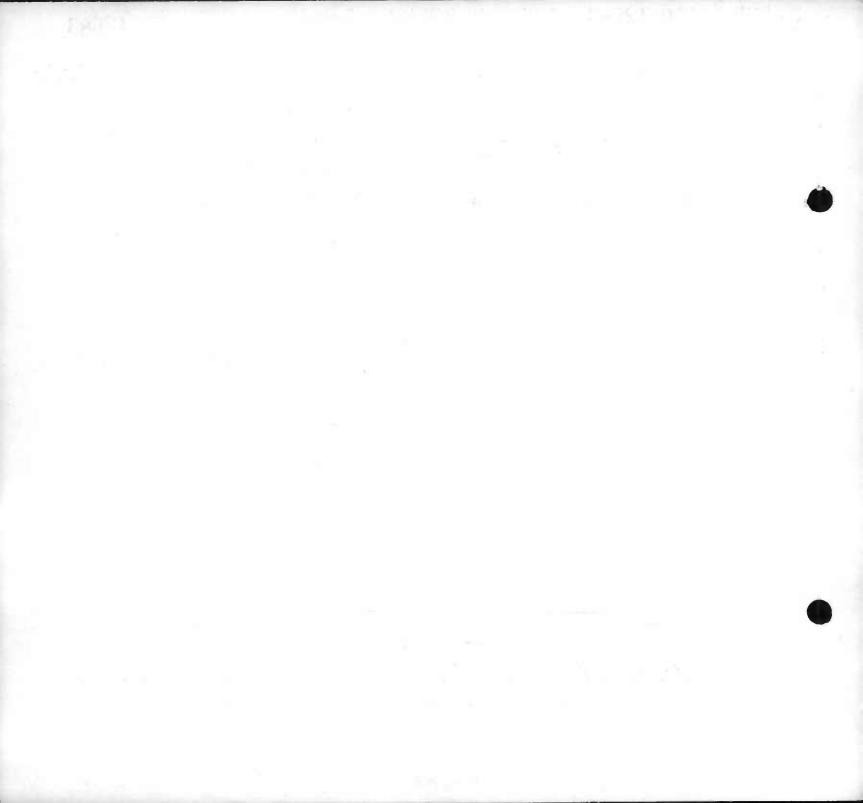
BALTIMORE	CITY	HEALTH	DEPAI	TMENT

	BALTIMORE CITY F	HEALTH DEPARTMENT			MO	10000
MEDICAL E	XAMINER'S	CERTIFICATE	OF	DEATH PEG NO.	70	12682

BIRTH NO.											
1. NAME OF DEC		÷ - 0	D-4 0			2. DATE OF	Known XX	Month	Doy	Yeor	Hour
		ia C.				DEATH	Estimoted 🗆	12	27	70	4:20 p.m.
4. PLACE IN BAL						3. DATE	INCED DEAD	Month	Day	Year	Hour
HOSPITAL OR INSTITUTION	ADDRESS	N HOSPITA	LORINST	IOITUTIO	N, GIVE STREET		SIDENCE (Where	12	27	70	4:20 p.M.
34	Bon	Secou	rs Ho	spi	ta1	A. STATE Md.	SIDENCE (where	deceosed II	B. COUNTY	in; residence	506
6. SEX	7. RACE		8. MARRI	ED 🛚	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	
fema1e	Negro		WIDOW	ED 🗆	DIVORCED [	Bal	to.		1	res X	по 🗌
9. DATE OF BIRT	H	O. AGE (In	yeors	# Unde	er 1 Yr. If Under 24 Hrs.		ND NUMBER				
12-11-19	33	ast birthday	()	WOULUS	Days Hours Min.	2732	Baker St	reet			
11. BIRTHPLACE (S	State or foreign				IZEN OF	13. FATHER					
Baltimore	Maryla	and		WE	U.S.A.	Horms	an Medlev				
			4B. KIND	OF BU	SINESS OR INDUSTR			A.E			
done during most of s S t OCK C I	working life, even	if retired)	Hutz								
						18. INFORM	Medley			DDDESS	
16. WAS DECEAS	(If yes, give war	ror dates o	of service)	'	7. SOCIAL SECURITY NO. 217-24-4208					DDRESS	
No.							Varrington	Brown	1 2/		r Street
19. = 0	1211				CAUSE OF DEA						PROXIMATE INTERVAL ZEEN ONSET AND DEATH
DISEAS	E OR CONDITI	ON DIREC	CTLY				ple injur				
	LEADING TO D				(A)IMMEDIATE	AUSE II	assive in	ternal	. hemorr	hage	
(This does n	not mean the me a, asthenia, etc. it	ode of dyl	ing, e.g.,			AS A CONSEQ	UENCE OF:				
injury or cor	mplicotion which	caused dea	ih.)								
	NTECEDENT CA				(B)(B)	AS A CONSEC	WENCE OF				
RISE TO THE	OR CONDITION	E (A) STAT	ING THE		DUE 10, OK	AS A CONSEC	WENCE OF:				
I IINDEPLYD	NG CONDITIO	N LAST.			(c)						
<u> </u>	- 11										
OTHER SIGN	VIFICANT COND	MONS CO	NTRIBUT	ING							
DISEASE OF	ATH BUT NOT RE	ELATED TO	THE TERMI	NAL							
				ORW	HICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
Ö											es
₹ 22A. EXTER	NAL CAUSE W	AS	13	228. Pt	ACE OF INITIPY/a a	In or about 2	C WHERE DID /	If In Baltima	es Cibe she se	, .	
UNDERLYING	MOR CONTR	18-		home, f	ACE OF INJURY (e.g., orm, foctory, street, office	a bldg., etc.) If	JURY OCCUR?	Inter	section	of Ba	ker / 5 0 2
H UTING LICA	USE OF DEATH		- 10	loor	STREET				Payson	Street	S
OF INJURY	(Month) (Day	(Year 7	0 9:2	-	INJURY OCCURRED	Transfer 2	2F. HOW DID IN	URY OCC	Subj	ect wa	s a
(APPROX.)				m. WO	RK NOT	WHILE THE ORK	passenge	r in a	uto-aut	o coll	iston.
23.				7							
Cert	ify that I held	don Ir	nquiry			topsyXX	and that on th	is basis,	death In my	opinion	
resul	ted from: Nat	ural rau	505	Acc	Ident 🔀 Suicid	le Ho	micide 🔲 🛮 👢	Indetermi	ned monner		
		7	1/0	10	71100	(	HIEF MEDICAL E	XAMINER			D. 100 (10110)
ACTUAL		w.	Ch	1/2	Wille M.D	ASSIS	TANT MEDICAL E	XAMINER			DATE SIGNED
SIGNAT		1/2	• 1				CIATE MEDICAL E		<del></del>	1	2/28/70
NAME (1	I C	ter L:	1pkov	1c,	M D.	ASSO	CIAIE MEDICAL E	VAMINEK	124	_	2/20//0
24A. BURIAL CREA	MATION, 248	DATE		24C.	NAME of CEMETERY	or CREMATO	RY 24D. I	OCATION	(City, tow	n, or county	(Stote)
Burial	lfy)	12-31	<b>-</b> 70		Arbutus Mem.	Park		Baltim			land
25A. DATE REC'D	BY HEALTH DE		-	AME O	F REGISTRAR	25C. F	UNERAL DIRECTO	R		ADDRESS	
	DEC30	1970	Pale		Jaber M.D.	0 000	JON'S DE				rens Street
VS 151-REV. 1/1/6	B Pr. 1 874	1. 1	7	1							7
	1 1 3	60	7 26	A. S. Carlotte							~

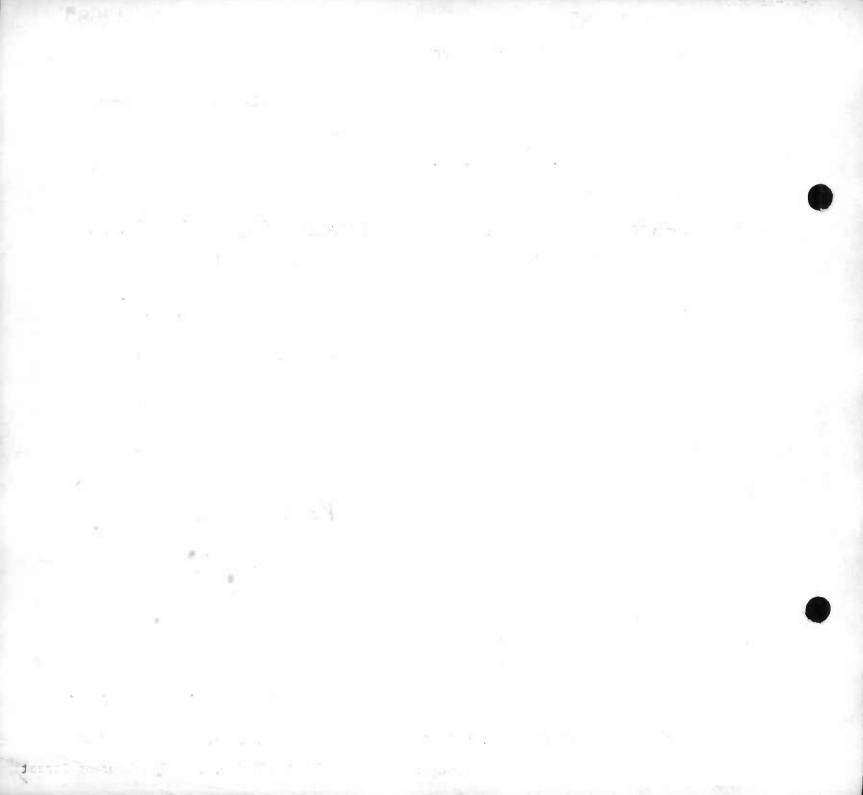
. THE REPORT OF THE PROPERTY OF THE PARTY OF T

	70 12683	BALTIMORE CITY	HEALTH DEPARTMENT	ממ	10000
	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	12683
	T.NAME OF DECEASED (Type or Print) RUTH B. BAKER	)		HOUR OF DEATH	1240 p
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institution:	residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATIONI	N, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSIDE CITY	1601
	SUNIVERSITY HOSPITAL		E. STREET AND NUMBER	E YES	NO
Ö	5. SEX 6. RACE 7. MARRIED AZ A		8. DATE OF BIRTH		
is made.	F WIDOWED	DIVORCED [	3/17/96	ost birthdoy) Months	er 1 Yr. II Under 24 Hrs. S. Poys Hours Min.
	IOA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stota or loreig	n country) 12. Cl	TIZEN OF WHAT COUNTRY?
	House wite Home	೬	Baltimore 1 14. MOTHER'S MAIDEN NAM	lary land	U-S.A.
d I	Silas Bailey		Elizabeth	Woods	
10	5. Was Deceased Ever In U. S. Armed Forces? 16. 5	OCIAL	17. INFORMANT	1	ADDRESS
	A 1	3-58-3804	Mr. Herbert &	AKer 1032	Filmonder AK
5	18. 46.36.71	CAUSE OF DEATH		2	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	CEREBR	OVASCULAR,	RECEDENT-	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,		SE CONSEQUENCE OF:	PRESUME D	6 DAYS
5	heart failure, asthenia, etc. It means the disease, injury or complication which caused death,)	DUE TO, OR AS A	CONSEQUENCE OF:	*******************************	
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, il any, giving	(B)	A CONSEQUENCE OF:		***************************************
3	rise to the above cause (A) stating the UNDERLYING CONDITION last,	(c)	CONSEQUENCE OF:		
5	11	MYOCARD	IAC INFACTION	4 0	***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ANSVOCALCA	1 1 1 1 1 1 1 1	RESECTED 1967	
	19A. DATE OF OPERATION 198. CONDITION FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING	CONSIDERED
	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH		162	IN CERTIFIING CAUSES OF	DEATH?
	OR CONTRIBUTING CAUSE OF home, for	m, foctory, street, offi	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore City, gl	ve exoci location)
	21D.TIME (Month) IDoyl (Yearl (Hour) 21E INJU	RY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	(A PPROX.) While AI Work	Not While At Work			
	22. I certify that (1) (this hospital) ottended the dec	ceased from	Dec . 23 10	16 10 Dec	28 107/
	that (1) (we) last saw the deceased alive an	20c.28	19 70 and that	In (my) ( apinion deo	th occurred on the date
	and haur and from the couses stated above. (1)	(did) (didenne) via	ew the hady often death	in (in/) (out) upinion dec	in occorred on the dots
	23A, SIGNATURE	. 0	The budy offer death.	238. DA	TE SIGNED-1
	Charles Sheller, Y	Attend	ding Med. St	hoff 12	bx /20
	23C. PHYSICIAN'S NAME (Type)	DEGREE	D. ADDRESS	7	0//0
	CHARLES I. WEINER	MID	UNIV. HO	36.	
24	AA. BURIAL CREMATION, 24B. DATE 24C. NAME O	CEMETERY OF CREM	ATORY 24D. LOC	CATION (City, town, o	or county) (Stotel
	Buzin/ 1/2/7/ St. 7	homas 6	matery Ba	He.	M. 1. 1
2.	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REG		25CE JUNERAL DIRECTOR	. 7	ADDRESS
	DEC 3 0 1970 Jaber E. Fail	Sen M.D.	Morton & Du	et F.H. 1701	LAURENS St.
V	5 150-REV. 1/1/6B		0		77.





VS 150-REV. 1/1/68



VS 150-RED EASE 3 0 1970

IMPORTANT DIRECTOR: FUNERAL

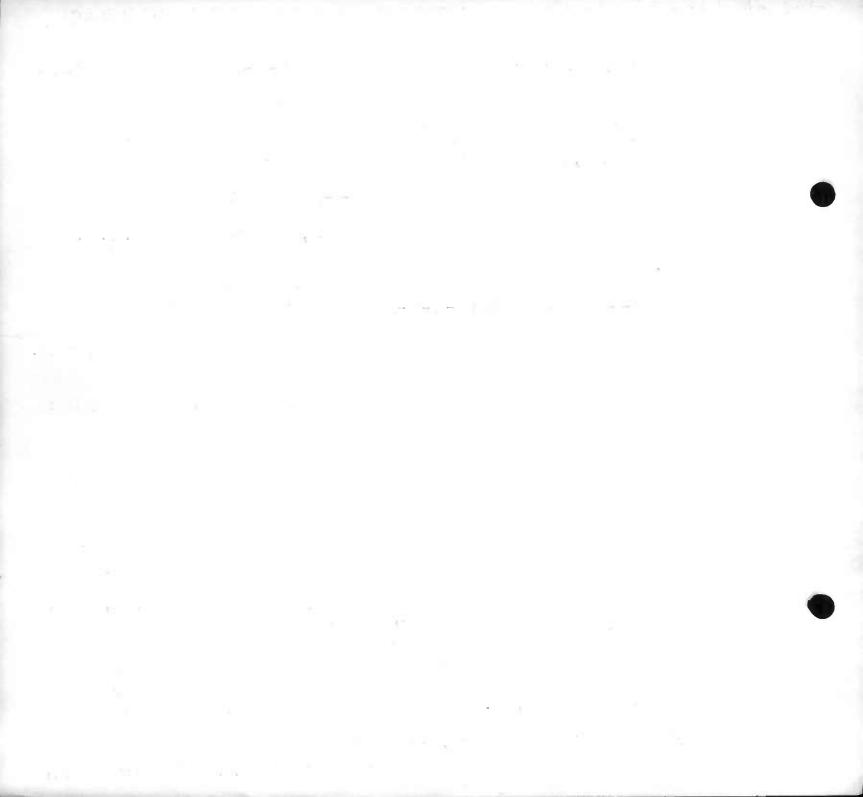
REG. NO. 70 12686 BALTIMORE CITY HEALTH DEPARTMENT 12:05 A 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B, COUNTY D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. Months: Days If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 Years. 3 Days 3 Days 20A. AUTOPSY? (Yes or No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (Il In Baltimore City, give exact location)

12-27-70

1701 Laurens Street

MORTON & DYETT F.H.

(State)





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VS 151-REV. 1/1/68

## 70 12690 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70 12690

BIRTH NO.												
I. NAME OF DEC						2. DATE OF	Known X	Month	Day	Year	Hour	
TABLE OF LINE	Lambe	rt War	d	- 1		DEATH	Estimoted 🗆					M.
4. PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PE	ONO	UNCED DEAD	3. DATE	INICED DEAD	Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL		T IN HOSPITA		TITUTIC	N, GIVE STREET	PRONO	JNCED DEAD	12-	26	70	9:30	а м.
OR INSTITUTION	ADDRE	33 OK 200A	11014		N 2011   1		ESIDENCE (When	e deceosed li	ed. If Institution	: residence	before admis	sion)
	3901 Wa	Inut A	We.			A. STATE	Maryland		B. COUNTY			
6. SEX	7. RACE	21100 21	I a	uen [	NEVER MARRIED	C. CITY OR			D. INSIDE CI	TY LIMITS?		
	white					Po	timore			s 🖭	мо П	
male  9. DATE OF BIRTH		10. AGE (1	WIDOV		DIVORCED Ader 1 Yr. II Under 24 Hrs.		ND NUMBER		YE	النا د	NO L	
	'	last birthda	v)	Month	s Days Hours Min.					2	186	-
1-5-1880		1	90				Walnut A	Ave.		-	1 7 4	
11. BIRTHPLACE(S	tate or foreig	n country)			TIZEN OF	13. FATHER	3 NAME					
Calvert (	Co. Md.				U.S.A.	D	avid A. W.	ard				
4A.USUAL OCCU	PATION (Giv	e kind of work	14B. KIND	OF B	USINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME				
Painter	Ret.	,	Par	inti	ing Own	El-	zabeth Jo	ohnson				
6. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	5?	17. SOCIAL	IB. INFOR			Al	DDRESS		
Yes, no or unknown) NO	(it yes, give v	vor or doles	or service	"	SECURITY NO. 219-01-7131	Alber	t Ward 390	n Walr	nt. Ave.	Ralto	. Md . 2	1236
19. 7. 1 0	9 17				CAUSE OF DEA		o wear a j	y was	a de la composição de l	A	PPROXIMATE IN	
719	17										WEEN ONSET A	ND DEATH
- 10-11	E OR COND		CTLY		Arteri	osclero	tic card:	iovascu	lar dise	ease		
	LEADING TO of mean the		ing Ag		(A)IMMEDIATE C	AUSE AS A CONSEC	IENCE OF					
heart lailure,	, osthenia, etc	. It means the	disease,		DUE IO, OK	45 A CONSEC	DENCE OF					
Injury or can	nplication whi	cn coused de	oin.)									
1A	NTECEDENT	CAUSES			(B)							
DISEASES	OR CONDITI	ONS, IF AN	, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:					
LINDERLYIN	ABOVE CA	ION LAST.	IING IHE		(6)							
8					(c)							
OTHER SIGN TO THE DE DISEASE OR 20A. DATE OF	IIFICANT COI	II NDITIONS C	ONTRIBU	TING								
O THE DEA	CONDITION	RELATED TO	THE TERM	MINAL								
20A. DATE OF					WHICH OPERATION W	AS PERFORA	AFD			21. AUTO	OPSY? (Yes	or No)
8							-					
4	ALAN CALLER	1000		1000 D	A CE OF INITION	1 - 1 - 1 - 1	OC MANIERE DID	## 1 - D - M	- City to a	no		
VINDERLYING UTING □ CA		TRIB-		home,	LACE OF INJURY (e.g., larm, lactory, street, office	e bldg., etc.)	NJURY OCCUR?	(a tu pautmo	re City, give exc	ict rocation)		
≥ 22D. TIME		Day) (Yea	r) (Hou	r) 22	E.INJURY OCCURRED		2F. HOW DID IN	JURY OCC	UR?			
OF INJURY (APPROX.)						WHILE						
23.				m. W	ORK AT W	ORK						
	Ify that I h	eld on	ngulry	7	Inspection X Au	topsy 🗌	and that on	this basis.	death in my	opinion		
	•						omicide	-	ned monner			
resul	ted from: N	toturot cor	Ses LA	A	coldent Suicio				nea monner (	_		
ACTUAL	111	20	1	5	2.7		CHIEF MEDICAL		H		DATE SIG	NED
SIGNAT		yu	YN	1.11	M.D		ISTANT MEDICAL					
EXAMIN		Werner	. U. :	Spit	Z.M.D.	ASSO	CLATE MEDICAL	EXAMINER			12/26	/70
NAME (1		DATE.		0			Chief Med			-	12/26/	
24A. BURIAL CREA		24B. DATE		240	C. NAME of CEMETERY	or CKEMAI	24D	LOCATION	(City, town	n, or county	r) (Sta	te)
Burial		12-29.	-70		Woodlawn C	emeter	m B	altimor	P	Marvla	and	
25A. DATE REC'D	BY HEALTH		25B. N		OF REGISTRAR		FUNERAL DIREC	100		PDRESS		
DE	C31 1	170 0%	Best	2.4	ander total	201	sass V	Ba	ito. Md	212	36	

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IMPORTANT

DIRECTOR:

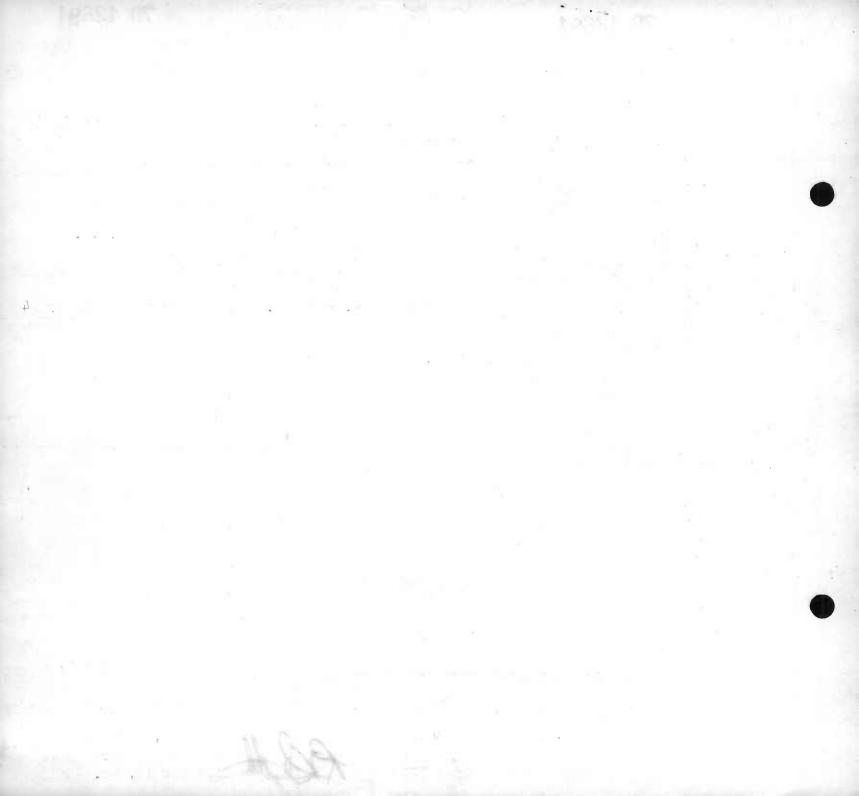
FUNERAL

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VS 150-REV. 1/1/68

n if get i factor make on our col-Notification to the government of

	BALTIMORE CITY	HEALTH DEPARTMENT	20	12694
70 12694	CERTIFICA	TE OF DEATH	REG. NO.	15094
BIRTH NO.  1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	40
(Type or Print) ELMER U	VITHROW	12	125/70	6 mm M
PLACE IN BALTIMORE, MARYLAND	, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institution	n: residence before admission)
FULL NAME OF (IF NOT IN HOS HOSPITAL OR ADDRESS OR LE	SPITAL OR INSTITUTION, GIVE STREET	Maryli	and-	HH
ISTITUTION ADDRESS OF E	A. III	CETTY OR TOWN	D. INSIDE CITYES	_
3 Johns Hoy	prens Hospital	E. STREET AND NUMBER	TES	NO
		Kt. 3/2	Rod 1150	5 200
SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	AGE (In years If U	Inder 1 Yr. If Under 24 Hrs. ths: Doys Hours Min.
Male walte	WIDOWED DIVORCED	09-03-49	21	
tOA, USUAL OCCUPATION (Give kind of done during most of working life, even if retire	work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State 6r foreig	in country) 12.	CITIZEN OF WHAT COUNTRY?
Operator	Cleaning	Maryland		U.S.A.
13. FATHER'S NAME	10	14. MOTHER'S MAIDEN NAM	1	- 11
Harry We	Forces? 16. SOCIAL	W. MFORMANT	Louders	ADDRESS
S. Was Deceased Ever in U. S. Armed Yes, no or unknown) Vi yes, give wor or	dotes of service) SECURITY NO.	INFORMANT		ADDRESS
No //////	////// 214 54 8993 CAUSE OF DEAT	Mr. Harry L. W:	ithrow (fathe	r) Same As #\$
1B. S. B. S. S. L.		n		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEA	TH COMMEDIATE CA	(ON) SECTI	VE FAILURE	
(This does not mean the made heart foilure, asthenia, etc. 11 me	of dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
injury or camplication which cou				
ANTECEDENT CAU			***************************************	
DISEASES OR CONDITIONS,		A CONSEQUENCE OF:	1. 505.105	
UNDERLYING CONDITION lost.	(c) C H	RONIC RENA	+C PHICURE	
Z OTHER SIGNIFICANT COMPITIONS	CONTRIBUTING			
O OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN	TO THE TERMINAL			
19A. DATE OF OPERATION 19B.	CONDITION FOR WHICH OPERATION PERFORMED	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDIN	NGS CONSIDERED
E STAN ACCIDENT WAS INDESTRU		yes		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, lorm, foctory, street, o	office bldg INJURY OCCUR?	(it in Baltimore City,	give exact location)
21D. TIME (Month) (Doy) (Y.		21F. HOW DID INJU	IRY OCCUR?	
OF INJURY (A PPROX.)	While At Not Whi	le 🗖	, , , , , , , , , , , , , , , , , , ,	
	Work L 3A1 Work	4.4	970 to 121	25 1970
	ital) attended the deceased fram	<u> </u>		
that (I) (we) last saw the dece			it in(my) (aur) apinian	death accurred an the date
and haur and fram the causes 23A. SIGNATURE	stated abave (1) (We) (did) (did nat)	view the bady after death.	]23 B.	DATE SIGNED
0	AH	ending Med.	SA H F	125/70
23C. PHYSICIAN'S	Jachus DEGREE PA	23D. ADDRESS	rnys	12/2/10
NAME (Type)	HONY TACKSON DEGREE	MEDICAL IN	TERMI JOHN	CHOPPING HOSE
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (City, tox	wn, or county) (Stote)
Burial Dec.	29/70 Glen Haven Memo	orial Park	len Burnie, M	aryland
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	229 PUNERAL DIRECTOR	Singleton F	uneranorissome
DEC 31 1970	Robert E. Farbay M	1 Leglillo	Gien Burnie	
VS 150-REV. 1/1768				



IMPORTANT DIRECTOR:

USUAL RESIDENCE (Where deceased lived, If institution; residence D. INSIDE CITY LIMITS? NO If Under 1 Ys. If Under 24 Hrs. Months! Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exoct location) and that in(my) (our) opinion death accurred on the date 23 & DATE SIGNED (City, town, or county) G en Burnie, Md. Glen Burnie, Md. VS 150-REV. 1/1/68

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## BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE	OF DEAT	H PEG NO	70	1269
			KEG. IVO		

BIRTI	H NO.											
I. N.	AME OF DECI	EASED		SI	EPHENS	2. DATE	Known 3	Month	Day	Yeor	Hour	
					tevens	DEATH	Estimoted					М.
-	NAME OF	MORE MARYLAND				3. DATE	DUNCED DEAD	Month 12	26	70	9:45	Р м.
	ISTITUTION				1-13-71		RESIDENCE (When	e deceased			before odmis	sion)
	C	ity Hospita	1s		2-8-71	A. STATE	Pennsylv	ania	B. COUNTY			
6. SE	X	7. RACE	8. MARR	IED 🔲	NEVER MARRIED	C. CITY C	R TOWN Pan	n Run	D. INSIDE	CITY LIMITS?		
f	emale	white	WIDOV	VED 🗌	DIVORCED		SCranton	II ILCII		YES 🗌	NO 🗌	
9. DA	TE OF BIRTH	IO.AGE	(In years	If Unde	or I Yr, II Under 24 Hrs Doys a Hours a Min.	E. STREET	AND NUMBER			. 1	A 200	100
7	Tuly 20	lost birth	64	Monins	Doys Hours   Min.		Dungalk	Ave.		1 -	53	
		ate or fareign country		WH	IZEN OF IAT COUNTRY?	13. FATHE	R'S NAME					
I4A.II	ennsy	Vania ATION (Give kind of wo	rkl14B. KIND		SINESS OR INDUSTR	Robe	rt Holme	S				
done d	luring most of w	orking ille, even if retired	5)	0, 00								
	Urse	D EVER IN U.S. ARM	ED EOPCES	29 11:	7. SOCIAL	Ida 18. INFO	McCullou	gh		ADDRESS		
		(if yes, give wor or dote		)	SECURITY NO.			7		lana.	Pa. h St.	
119	VO I	27		11	99-30-749 CAUSE OF DEA		1 Funera	T HOM	e 200		PPROXIMATE IN	
	410	/-1			CAUSE OF DE					0ETV	VEEN ONSET A	ND DEATH
		OR CONDITION DIF	RECTLY		Arterio	sclero	tic cardio	vascu	lar dise	ease		
		meen the mode of	dylna, e.a.,		(A) IMMEDIATE		QUENCE OF:					
	heari loilure,	osthenio, etc. it means to plication which coused o	he disease,		DOL 10, 0K	AJ A CONSI	QUEITCE OF					
		TECEDENT CAUSES			(B)	AS A CONS	EQUENCE OF:					
	RISE TO THE	R CONDITIONS, IF A ABOVE CAUSE (A) S	TATING THE		DOE 10, 01	AS A CON	EQUENCE OF:					
Z	UNDERLYIN	G CONDITION LAST	•		(c)							<del></del>
ピー		. 11										
CERTIFICATION	TO THE DEA	FICANT CONDITIONS TH BUT NOT RELATED TO CONDITION GIVEN IN	TO THE TERM	UNAL								
2	OA. DATE OF	OPERATION 208. C	ONDITION	FOR W	HICH OPERATION V	AS PERFOR	MED			21. AUTO	PSY? (Yes	r No)
	0									no		
25		AL CAUSE WAS		228. PL	ACE OF INJURY (e.g.	, in or obout	22C. WHERE DID	(II in Baltim	ore City, give	xact location)		
0	UTING CAL	JSE OF DEATH.					Marie and America					
∑ 2 C	2D. TIME (	Month) (Doy) (Y	ear) (Hou		INJURY OCCURRED	•	22F. HOW DID II	NJURY OC	CUR?			
	APPROX.)			m. WO		WORK						
2	3.			¬ .	. 27							
		fy that I held an	Inquiry [	'	nspection X A	utopsy L	and that an	this basis	, death in m	y apinion		
	result	ed fram: Natural c	uses X	Acc	ildent Sulci	de	Homicide		Ined manner			
	ACTUAL	1100000	15	1-	1		CHIEF MEDICAL				DATE SIGI	NED
	SIGNATU	RECOM	VY	1	M.	υ.	SISTANT MEDICAL					
	EXAMINE	7.7	II C	ita	M D I	AS:	Chief Medical	EXAMINER	L non	1.9	/27/70	
	NAME (T	AATION, 248. DATE			M.D. I			LOCATIO		wn, or county		te)
	oval (Specif Remova		28/70		Harmony C	motor	.,,	ndiar	na. Pa.			
		BY HEALTH DEPT	28/70	IAME O	Harmony Co	250	FUNERAL DIRECT	IOR .		ADDRESS		
		C 31 1970	Pabert	38	Way Ma	2 98	opert C.	Alte	nburg	Funer	al Ho	me In 21214
VC 1	61 DEM 2/2/40						COD HALL	JI a I	.c. De	,,	2248	

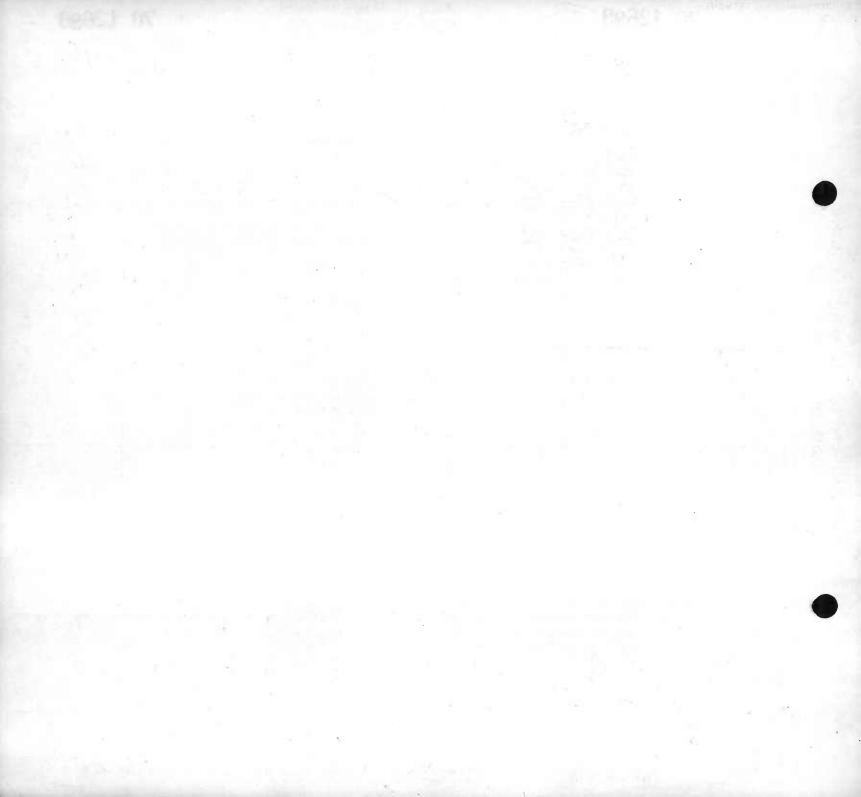
Letter from M.E.'s office 1-13-71 M.H.
Letter from M.E.'s office 2-8-71 M.H.

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	This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to deoth. Such	Written approval must be obtained betore the remains are embalmed or final disposition is made.
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	二十二	<b>v</b> 3	0	3

	** 10mas	BALTIMORE CITY	HEALTH DEPARTMENT		mo 12mmo
	BIRTH NO. 70 12700	CERTIFICA	TE OF DEATH	REG. NO	70 127.00
	I. NAME OF DECEASED			ND HOUR OF DEATH	
	(Type or Print) Marie W. Gr	0.17	12-	26-70	1 9500
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution: residence before admission)
- 11	FULL NAME OF UF NOT IN HOSPITAL OR IN	STITITION CIVE STREET	1/ 1	111	
	FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION!		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
all	Keswick-Home for 700 W. 40th Stree	1 neurables	Baltimore		YES NO
	Ba Ho., Md. 2124		E. STREET AND NUMBER		2/1/2
3			522 N.	tighland	Avenue
i II	E ( ( ) ( )		0 1/ 0	9. AGE (In years last birthday)	Months Doys Hours Min.
2	remale white WIDOW 10A. USUAL OCCUPATION (Give kind of work 10B, KIND		9-16-81	89	
5	done during most of working life, even if refired)	OF BOSINESS OR INDUSTRE	II. BIKIMPLACE (State of lotei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Nome Maken		Garmany 14. MOTHER'S MAIDEN MAN		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN MAI	ME	
	Carl Picker		Marie	Conrad	
	5. Was Deceased Ever in U. S. Armed Faces? Yes, no or unknown) (If yes, give wor or dates of service	e) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		213-05-9583	Records; Kes	swick	
	18. 4 12 3	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH		A 1	) ). //	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying a	(A) IMMEDIATE CAU	SE CENTREOS CL	note Ho	al T
	heart failure, asthenia, etc. It means the disea injury or complication which caused death.)	se, DUE IO, OR AS A	CONSEQUENCE OF:	11 2 -	0
	ANTECEDENT CAUSES	) Hearl	¿ Coupestor	Hour ta	elles
	DISEASES OR CONDITIONS, il ony, givi	(B)	A CONSEQUENCE OF:		********************************
	rise to the obove cause (A) stating	the GSF	TO SEQUENCE OF:		
	UNDERLYING CONDITION last.	(c)	ECCUPATION AS 2		***************************************
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	C			
	TO THE DEATH BUT NOT RELATED TO THE TERMINA  DISEASE OR CONDITION GIVEN IN PART 1 (A).	Ψ			
	19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No.		FINDINGS CONSIDERED
				IN CERTIFYING CA	USES OF DEATH?
. 11.	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	18. PLACE OF INJURY (e.g., in name, form, foctory, street, off	or obout 21 C. WHERE DID	(If to Boltimor	e City, give exact location)
	C IDEATH (notily medical examined)	etc.)			
	= IOF INJURY !	TE INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
	- ILAPPROX.)	While At Work Not While At Work			
	22. I certify that (i) (this hospital) ottended	the deceased from	12-16	970 to 12	2-26 1970
	that (i) (we) last saw the deceased alive a	12-26	19 70 and the	t in (my) (aur) api	nian death accurred an the date
	and have and from the causes stated above	(1) (We) (did) (did not) vi	ew the body ofter death.		
	23A. SIGNATURE				23R, DATE SIGNED
	E. Huich b Ilon	Atten	ding Med.	Shoff Phys.	17-20-72
	23 C. PHYSICIAN'S NAME (Typel	DEGREE	3D. ADDRESS	11/4	1 2 2 1 1 6
.					
Ž	4A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY OF CREA	MATORY 24D. LO	CATION (Cit	ly, town, or county) (State)
	Burial 12-29-70	Panbunad C-			
2		Parkwood Cemet	25C FUNERAL DIRECTOR	timne, Man	uland ADDRESS
1		Jaben Ma	4 John C. Mille	n Inc-6415 l	Belair Rd21206
V	S 150-REV. 1/1/68				

mir. 12 24 70 12-26 70 IMPORTANT

DIRECTOR:

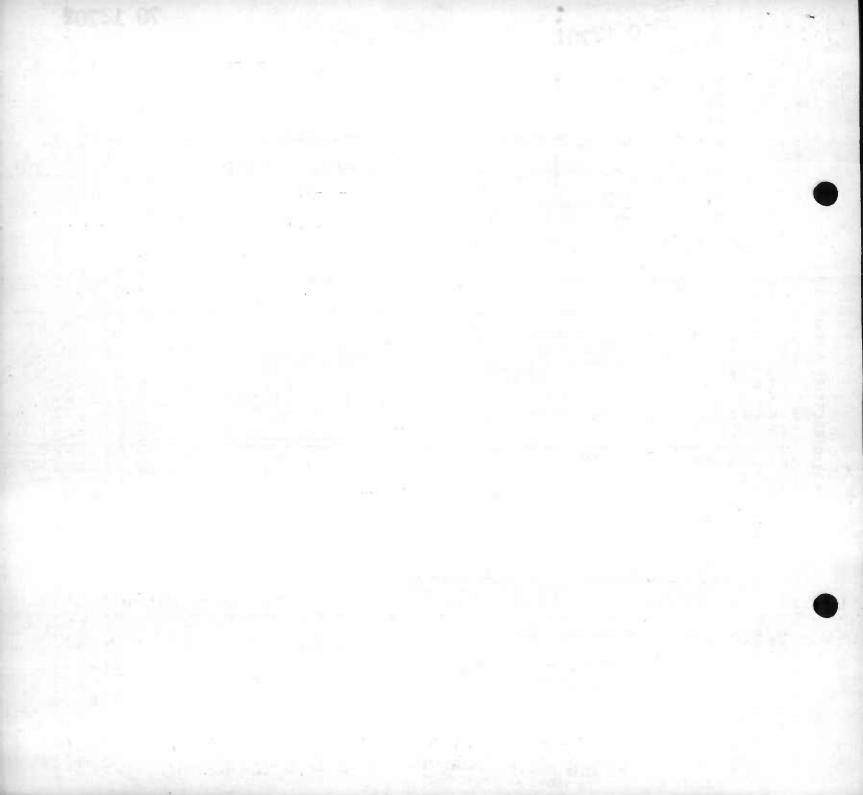
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VS 150-REV, 1/1/68

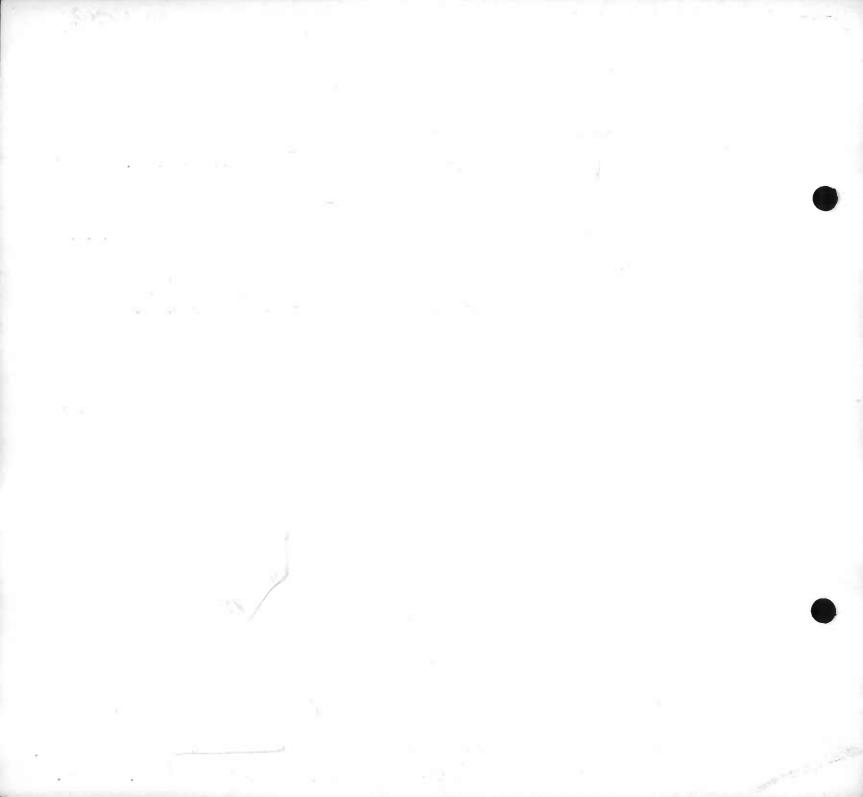
BALTIMORE CITY HEALTH DEPARTMENT

NO

If Under 24 Hrs.



57-58-85 js		70 12	2702		BALTIMORE CITY	HEALTH DEF	ARTMENT		70 12	SUCK	
death death on the such		RTH NO.			CERTIFICA	TE OF	DEATH	REG. NO	70 14	7,0.0	
pital and of death Deceased on the arth. Such	1. (T	NAME OF DEC	Sarah Kru	(Kr	enger)			HOUR OF DEATH		4	
± 4 € 0 E	3.	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	A USUAL RE	SIDENCE (Who	28/20	/	1:05	74 M
S (S)	- 11					A. STATE	B. COUN	re deceased lived, II i	nstitution; resid	Jence belore	odmission)
a hos cause se; (5) andan	H	ULL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOC	ATIONI	UTION, GIVE STREET	C. CITY OR TO		D INIS	SIDE CITY LIMIT	TE2	64
c 32.			Baltimore			Balt	imore	D. 1143	YES X	NO 🗌	1
7.2 7 7 7 7	311		4940 Easte			E. STREET AN	ND NUMBER	CL Dall		22.22.0	005
buti buti lar d pr	5.	SEX	Baltimore,			8. DATE OF B		St., Balto			007
T E B E E		Female	White	WIDOWED	NEVER MARRIED DIVORCED	4-2-0		9. AGE (In years lost birthday)	Months Do	Yr. If Unc	er 24 Hrs. Min.
- 0 -	10.	A. USUAL OCCU	PATION (Give kind of work vorking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or fore	ign country)	12, CITIZEN	OF WHAT	COUNTRY
or o		Food Demo	onstrator			Mary	land			J.S.A.	
P - D B 6 8	13.	FATHER'S NAM	\E	1		14. MOTHER'S		ME			
NT if directly (4) (4) with w		John Tregoe					UNIVERSE	Mary Cam	pbell		
rant stant ne di ind; leath	1.5 <sub>e</sub> (Y e	Was Deceased sono or unknown!	Ever in U. S. Armed For all yes, give wor or dote	ces? s ol service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN	NT T	4940 Easte	•	ADRESS	
SS is a Se if					217-26-5262A	BCH R	ecords:	Baltimore,	Md. 21	224	
		18. 4	71		CAUSE OF DEATH	1		-	RET	APPROXIMATE I	NTERVAL
or his Also, ee of a nounce atten		DISEASI	E OR CONDITION DIS LEADING TO DEATH	RECTLY			P				AND DEATH
04556		(This does no	if mean the made of istheria, etc. If means	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE	O - VQ CE OF:	yiraYor,	4		
miner niner fracture pro pro geular embala		injury at camp	olicalian which caused	death.)							
ECTOR			NIECEDENT CAUSES		(B) - CVF	1				2 41	5.
- 000 - 0		rise lo lhe	R CONDITIONS, if abave cause (A)	any, giving sloling the	DUE TO, OR AS	A CONSEQUEN	ICE OF:			,	10000000
RAL DIR f medical medical e / burns; (3 physician an was ir		UNDERLYING	CONDITION last.		(c)		***************			**********	
Medica medical burns, hysicia n was remain	Z	OTHER SIGNIFIC	11 CANT CONDITIONS CO	NTRIBUTING							
RA m m m m phy phy phy property	ATIC	TO THE DEATH	BUT NOT RELATED TO THE	TE TERMINAL	******************		W++++ 0++++++++++++++++++++++++++++++++				
FUNERAL y the chief medital by a medie; (2) Body bur- here the physician w before the rem	CERTIFICATION	19A.DATE OF	OPERATION 198 CONI	DITION FOR V	VHICH OPERATION		SY? (Yes or No	208, IF YES, WERE	FINDINGS CO USES OF DEA	NSIDERED	
FUI he cl by (2) B re t phy fore	S	21A. ACCIDENT	T WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in				e City, give ex		
by the pital b rre; (2) where No pf	SA CA	DEATH (notify r	TING CAUSE OF medical examined	hometc.)	PLACE OF INJURY (e.g., in e, lorm, foctory, street, olf	ce bldg., INJUI	RY OCCUR?	h, m pounto.	e City, give ex	loct leconen)	
90730	MEDIC	21D. TIME (	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. H	IOW DID INJ	JRY OCCUR?			
proved b the hosp ny natur except w and (6)	2	(APPROXI		Whit	le At Not While						
T - 0 0		22. I certify t	hat (1) (this haspital)	) attended th	e deceased fram	84	/ . 1	9 10 ta /	2/28/	15	20
0 0 0			ast saw the deceased		12/28	1920	and the	it in(my) (aur) api	nian death a		
bed int pit		and have and	fram the causes state	ed abave. (1)	(We) (dld) (dld nat) vi	ew the bady	after death.				
S D O E		A	remich a	Dow	Atten	ding [ ]	Med.	Shaff Ala	23 B. DATE SI	/ /	
		23 C. PHYSICIAN NAME STYP	r's		DEGREE Phys.	D. ADDRESS		Phys.	stern A		0
rificate (1) An a (2) A at at at a pprior			remial	D.	el ho	O ADDAESS	Bal		re, Md.		
	24/	BURIAL CREM REMOVAL (Sp	ATION, 248, DATE	24C.NA	ME of CEMETERY OF CREA	AATORY	24D. LC		ly. lown, or co		(Slotel
Vs: D.O		Burial	12/31/70		r Hill Cemete		1	chie Highwa			
This certif the body shows: (1) was D.O. deceased written a	254	DATE REC'D	Y HEALTH DEPT.	258. NAME O	F REGISTRAR	25C FUNER	AL DIRECTOR	}	-	ADDRESS	Md.
H= 10 20 3	I_	150-REV. 1/1/68	C31 1970 04	stert E.	Faber M. D	McCi	illy Fun	eral Home l	30 E.Fo	rt Ave	•



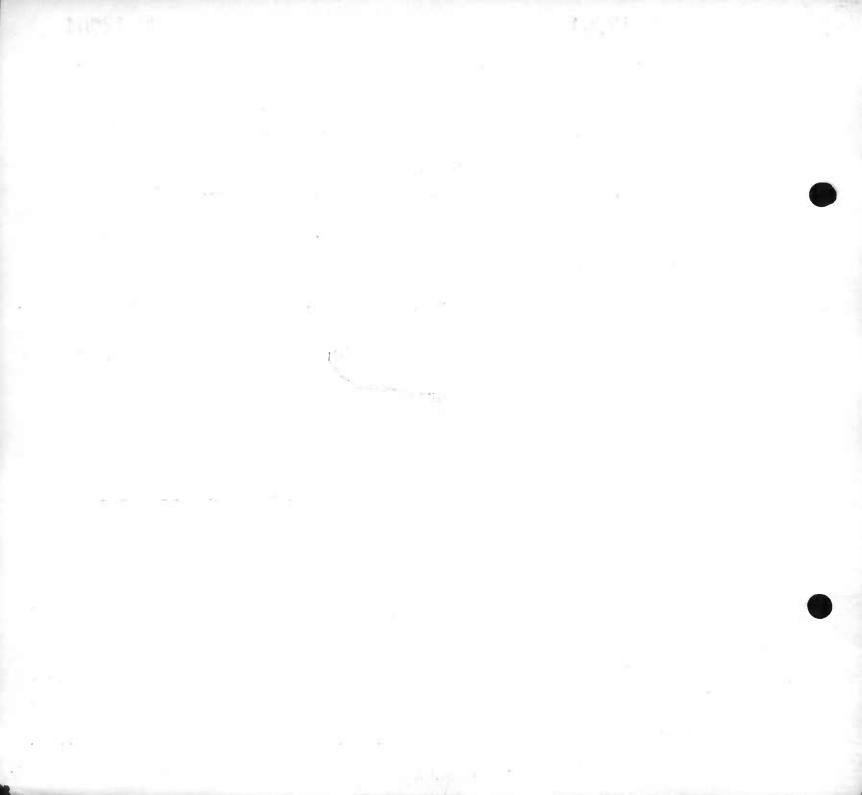
IMPORTANT

FUNERAL DIRECTOR:

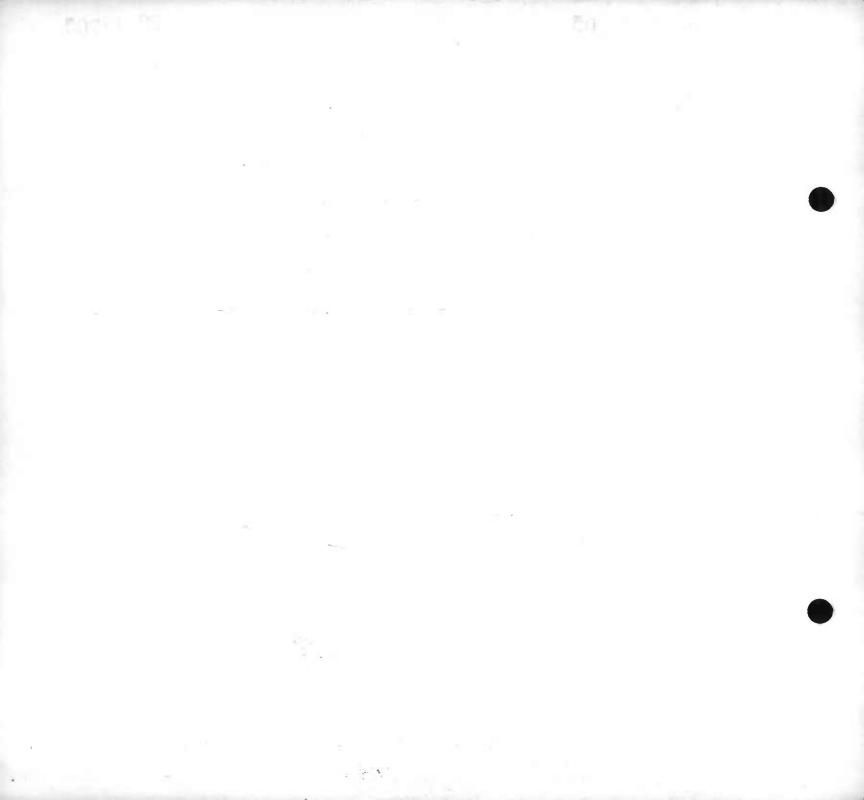
	70 12703			HEALTH DEPARTM		70 12703				
	TH NO.		CERTIFICA	TE OF DEA	TH KEG. NO		2~1.0-			
(Ту	pe ar Print) Hughes,	Flore	ence E	2, D	ATE AND HOUR OF DE	ATH D	957 PM			
3.	PLACE IN BALTIMORE, MARYLAND WI	HERE PRONOUN	CED DEAD	A. USUAL RESIDENCE (Where deceased lived, II institution: residence below admission)						
HC	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	L OR INSTITUTION	ON, GIVE STREET	Bult Im		land				
IN	SAITH Buttern	vore 6	eneral	Baltimo	1	INSIDE CITY I				
	1/ /			E. STREET AND NUM		163	1 10			
	Hospilal				dley St.	-	-3 5 3			
5. 5	6. RACE		NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In yours lost birthday)	II Und	er 1 Yr. II Under 24 Hrs. Doys Haurs Min.			
10A	USUAL OCCUPATION (Give kind of wark)	MIDOMED K	DIVORCED	March 3, 1	903   67					
don	e during most of wasking life, even if retired)			III. BIKIMPLACE (Sigre	ar toreign caunity)	12, CIT	TZEN OF WHAT COUNTRY			
13.	Housewife	At	Home		sylvania		USA			
				14. MOTHER'S MAID						
15.	Robert Lloyd	2.2	• SOCIAL	Unkn 17. Informant	own Unknown					
(Yes	Was Deceased Ever in U. S. Armod Forci, no or unknown) (If yes, give war ar doles	of service)	SECURITY NO.				ADDRESS			
-	NO 18.		CAUSE OF DEATH		1 R. Hughes	2210 Ar	mapolis Rd.			
	DISEASE OR CONDITION DIRE	ECTLY	CAUSE OF DEATH		0 -		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	LEADING TO DEATH		(A) IMMEDIATE CAU	. Welshot	in anda	us)	One day			
	(This does not mean the made of hearl failure, asthenia, etc. It means t injury or complication which caused or	the disease,		CONSEQUENCE OF:			000			
i i	ANTECEDENT CAUSES	acain,,	cker	rie Re-	. D I O.	, ,	a veavs			
	DISEASES OR CONDITIONS, if a	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	at rocci					
	rise to the above cause (A) : UNDERLYING CONDITION last	stating the	(c) Drobe	to melh		Manyyears				
N O	OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING								
ATI	TO THE DEATH BUT NOT RELATED TO THE	1 (A).	***************							
RTIF	19A-DATE OF OPERATION 19B COND	TON FOR WHI	CH OPERATION	20A. AUTOPSY? (Ya	IN CERTIFYING	CAUSES OF	CONSIDERED DEATH?			
CAL	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (naffy medical examine)	21 B. PL/ hame, f	ACE OF INJURY (e.g., in farm, factory, streat, affi	at about 21 C. WHERE INJURY OCC	DID (If In Balt	limara City, glv	re exact lacotion)			
MED	OF INJURY		JURY OCCURRED		ID INJURY OCCUR?					
	(APPROX.)	While A Work	At Wark							
	22. I certify that (1) (this hospital)	attended the d	deceased from 1	1-1-	19 7 O to/	2-2	1920			
	that (1) (we) last saw the deceased		,	19_7_0	and that In(my) (aur)	opinion deo	th occurred on the date			
	and haur and from the causes state	d abave, (1) (\	Ye) (dld) (dld not) vl	ew the body after d	eath.					
	23A. SIGNATURE		1 7) Atten	ding Med.			TE SIGNED			
	23C. PHYSICIAN'S	) //	1 D DEGREE Phys.	Director 3D. ADDRESS	Staff Phys.	12-	27-70			
	NAME (Type) Vin C.	Purter	MID. DEGREE	300/5°	· Hanove	v 54.				
24A	BURIAL CREMATION, 248. DATE		of CEMETERY OF CREA	MATORY	24D. LOCATION	(City, town, c	and the same			
254	Burial   12 <b>3</b> 1 70		Glen Haven		Glen Burnie,	A. A.				
25A		SB. NAME OF R	The second second	25COUNERAL DE		720 0	ADDRESS.			
VS 1	150-REV, 1/1/68	مونة حر الأهد	Bey Ka, I		Mc Cully	1)U B.	Fort ve			



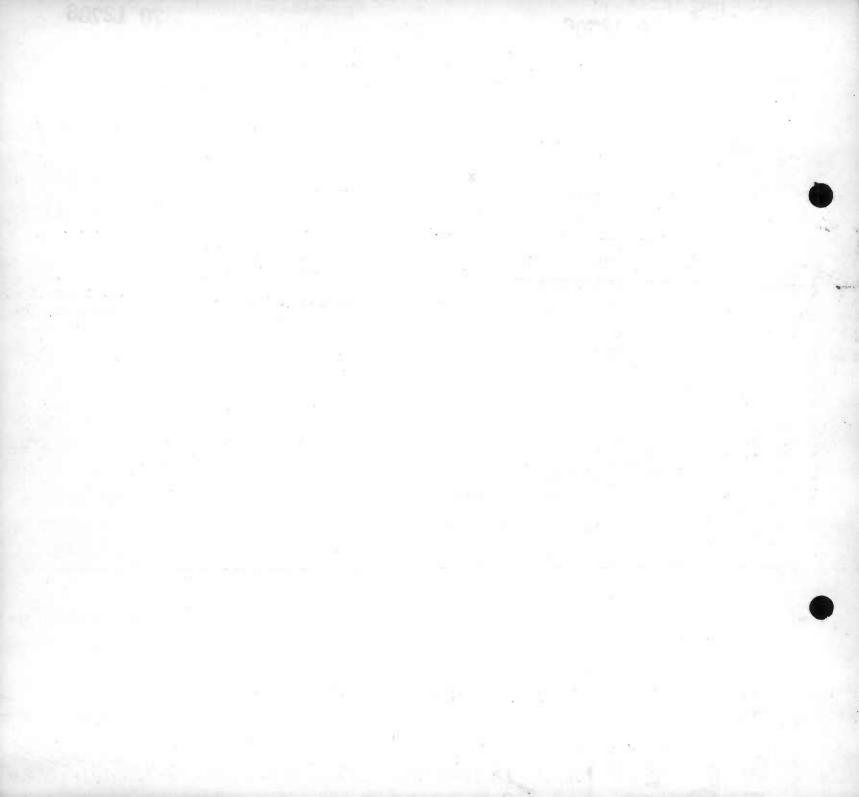
	3521		BALTIMORE CITY HEALTH DEPARTMENT	
7	arh sed the uch		70 12704 CERTIFICATE OF DEATH REG. NO. 70 12704	
	6 B N	1. i	NAME OF DECEASED  PLACE IN BALTIMORE MARY AND NUMBER 28, 1970 735	
	of do Operation	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before and	A.M.
	hospital ise of a (5) Dece ance or death.	li .	I/A. STATE B. COUNTY	nission)
	cause use; (5) tendanc	FL Hi	ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR INSTITUTION, GIVE STREET OCCUPANTOR OF LOCATION)  OSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?	
	Se; se;	18	C. CITY OR TOWN  D. INSIDE CITY LIMITS?	
	in a B to L	lb.	SINAL HOSPITAL OF BALTIMORE BALTIMORE YES W NO	
	occurred in ontributing ermined car regular att		3420 ASH STREET 134X	2
	occurre ontribut ermined regular regular is made.	5.	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months; Doys Hours; Months; Doys Hours;	24 Hrs.
	occontribution of the second o		WIDOWED   DIVORCED     1	Min.
		104	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country)  12. CITIZEN OF WHAT CO	UNTRY?
	0 - 0 - 0 -	110	nspector Montgomery Ward Md. USA	
	dea Und as i		FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
les.	rect (4) U wa the ispos		Harry Giddings Unknown	
Z		15.		
A	kind; kind; death ce on nat d	(Ye	Wos Deceased Ever in U. S. Armed Forces?  s, no or unknown) (If yes, give wor or dotes of service)  NO  16. SOCIAL SECURITY NO.  275-07 61110 A Mrs. Virginia Giddings 21:20 Ash	-
~	S + _ = = ==	_	No SECURITY NO. 215-07-6440A Mrs. Virginia Giddings-3420 Ash	St.
IMPORTAN	his as Iso, if of any unced tendar		18.4 / O, Y   CAUSE OF DEATH   APPROXIMATE INTE	ERVAL
\$	E 0 + E 6 70	1	DISEASE OF CONDITION DIRECTLY	DEATH
			(A) IMMEDIATE CAUSE ACUTE MYOCARDIAL Infarction 11 how heart lailure, ostheria, etc., Il means the disease.	UFS:
**	rtur ctur oror ar bal		(This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It meons the disease,	J00001
Ö	- C B - E		injury or complication which coused death.)	
5			DISEASES OR CONDITIONS, il ony, giving  Out 10, OR AS A CONSEQUENCE OF:	
W.	win re		DISEASES OR CONDITIONS, il ony, giving nise lo the above couse (A) stating the	10000
DIRECTOR:	al ex (3)		UNDERLYING CONDITION Iosi. (C)	
	dic ca ns, ns, ici			
AL	medical emedical emedical physician an was iremains	စ်	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
2	FYGE	S	DISEASE OR CONDITION GIVEN IN PART 1 (A).	10-014-00
FUNER	he chief medical by a medical 2) Body burns; re the physicie physician was fore the remair	CERTIFICATION	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
D	by by by	CE		
100	+=-000	AL	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	
	00 - 3 -		210 7104	
		MEDI	OF INJURY	
			Work L.J At Work L.J	
			22. I certify that (I) (this hospital) attended the deceased from DECEMBER 27, 19 70 to DECEMBER 28, 19	20
	D		that (1) (we) lost saw the deceased alive on DECEMBER 28, 19/0 and that In (my) (our) opinion death occurred on the	
			and hour and from the couses stated above (1) (We) (did) (did not) view the body after death.	
	dent dent dent deat must		23A, SIGNATURE	
	eleas ccide ccide a hos to de		Dengamin 1. Chipmen 1. D. Attending D. Med. Director Phys. December 28 1	9110
	0 - 0>		23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	110
	was r An a A. at prior		Benjamin R. Chioman 4.7 36 40 FORDS LANE BALTIMORE	415
		24A	BURIAL CREMATION 1248 DATE DICK MANAGE CAMPAGE	ole)
	This certificat the body was shows: (1) An was D.O.A. al deceased pric	E	Burial 12/31/70 Emmanuel Meth.Cem. Scaggsville, Howard Co., M.	3
		25A	DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTERS 1 1250 BUNEDA DECEMBER 1	u.
	the show was dece		Donovan Funeral Home-3818 Roland	Ave.
		VS 1	150-REV. 1/1/68	



VS 150-REV. 1/1/68



VS 150-REV.



K (6):	a hospital and ause of death e; (5) Deceased ndance on the to death. Such
4	th occurred in contributing defermined cause in regular attended and made, on is made.
PORTANT	This certificate must be converted by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	l examiner or l l examiner. Als ; (3) A fracture o an who pronou in regular aft
FUNERAL D	the chief medica at by a medica; (2) Body burns; nere the physician was before the remains
	d to the hospit t of any nature, ital (except wh ttb); and (6) N
	trificate must by was release (1) An acciden O.A. at a hospied prior to decontage.
	This ce the boos shows: was D. deceas

52-48-09 TB 1

	70 12707	BALTIMORE CITY HEALTH DEP		70 12707
	1. NAME OF DECEASED (Type or Print)  1. LS/E 12 Shr back		2 Date and hour of Death	0 4:00 A
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE FULL NAME OF (IF NOT IN HOSPITAL OF INSTITUTION	A. STATE	SIDENCE (Where deceased lived, If in	istitution: residence before admission)
	INSTITUTION ADDRESS OF LOCATION)	C. CITY OR TO		IDE CITY LIMITS?
5	BALTIMORE (ITY HOSPITUM 4940 Eastern Avenue Baltimore,	E. STREET AN	ID NUMBER	Jay 2 21224
	5. SEX 6. RACE 7. MARRIED N WIDOWED	DIVORCED TO		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSI done during most of working life, even if refired)	Pa	E (Stote or loreign Country)	12. CITIZEN OF WHAT COUNTRY?
	Charles NAME FORCE		MAIDEN NAME	ENORA ZOETMAN
		OCIAL 17. INFORMAN BCH: Rec	4940 Easter	rn Avenuerss
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	Baltimore,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Č.	LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenio, etc. It means the disease	(A) IMMEDIATE CAUSE WOLLD	Degenul Fister	a Doc 1970
	ANTECEDENT CAUSES	(B) 12ADIATION	necrosis of Block	ey Dec 1973
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the UNDERLYING CONDITION last.	(c) CANCUS Y	Le Cervix	10/4/1969
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OLISEASE OR CONDITION GUEEN IN SORT 1 (2)	•		
	19A. DATE OF OPERATION 19E. CONDITION FOR WHICH	11 - 1 1	IN CERTIFYING CALL	INDINGS CONSIDERED ISES OF DEATH?
	OR CONTUBUTING CAUSE OF home, form	E OF INJURY (e.g., in or obout 21 C. W., foctory, street office bldg., INJUR	/HERE DID (II In Boltimore	City, give exact location)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJU (APPROX.) While At Work	RY OCCURRED 21F. H	OW DID INJURY OCCUR?	
	22. I certify that (1) (this hospital) attended the dec		19 70 to 12/	
	and hour and from the causes stated above. (1) (We)		ofter death.	Ion death accurred on the date
	23C. PHYSICIAN'S details dum	DEGREE Phys. D	led. Staff Phys.	23R DATE SIGNED  Dec 22, 1970
	AA BURIAL CREMATION, 24R DATE   24C, NAME O		Baltimore City Hosp tern Ave. Balto., M	<sup>1</sup> d. 21224
	12-24-70 MT-65A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REG	Heret Centlary	Hanoner	yerk co Pa.
	DEC 31 1970 Pobe & E. Jan 5 150-REV. 1/1/68	Sey A.S.   Tipto	n - Eline Funeral	Home Hampstead, Md

70751 00 Sin Bank 1 Sept The Total House your of the L000 W426 1/21/81 Film#G-551-mdf BALTIMORE CITY HEALTH DEPARTMENT

		FILMING-DOLL-MOLE CITY REALTH DEPARTMENT
70	12708	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70 12708
BIRTH NO.		REG. NO.

BIRTH	NO											
	ME OF DECEA	SED PHYLLIS	LEE (	Phyl	lis Walke	II DEAIII	Known Estimated	/29/70	Doy	Year	Hour	м.
FULL H	NAME OF	ORE, MARYLAND (IF NOT IN HOS ADDRESS OR LO	PITAL OR INS		GIVE STREET	3. DATE Month Day Yeor Hour PRONOUNCED DEAD  December 29,1970 6:05 P.M.  5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)						
	MERC	Y HOSPITA	L			A. STATE	Maryland	houn S	COUNTY			
6. SE	X 7.	RACE	8. MARI	RIEDER	EVER MARRIED	C. CITY C		TY LIMITS?	MITS?			
	emale	Negro	WIDON		DIVORCED		ltimore	s 🗆	NO 🗌			
9. DA	4/10/4		E (In years thday) 22		I Yr. II Under 24 Hrs. Doys Hours Min.		15 Calho	un St			60	12
	Balto		Ţ		TEONIES.	Co	r's NAME rnelius					
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even lifretired)								Glover	HARDY			
16. W (Yes, n	AS DECEASED	EVER IN U.S. AR.	MED FORCE		SOCIAL SECURITY NO.	Rev	Phyllis	Hardy		ODR ESS		
19	59/	4 . X			CAUSE OF DEA	TH					PPROXIMATE I	
	DISEASE O	OR CONDITION D	IRECTLY		Gunshot	wound	of Abdome	n				
		ADING TO DEATH			(A)IMMEDIATE							
	heart lollure, os	mean the mode of thenia, etc. It mean leation which coused	s the disease,		DUE TO, OR	AS A CONSE	QUENCE OF:					
		ECEDENT CAUSES			(8)					1		
2	DISEASES OR RISE TO THE A UNDERLYING	CONDITIONS, IF BOVE CAUSE (A) CONDITION LA	ANY, GIVING STATING THI ST.		(C)	AS A CONS	EQUENCE OF:					V
2		ii.										-
CERTIFICATION	TO THE DEATH	ICANT CONDITION I BUT NOT RELATED ONDITION GIVEN I	TO THE TERM	MINAL								
20	A. DATE OF C	PERATION 208.	CONDITION	FOR WH	ICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY7 (Yes	or No)
1000	A. EXTERNA			1000 000			[000 WHITE 5	40 - 5 1-	-		yes	
DIC L	INDERLYING TING CAUS			home, fa	CE OF INJURY(e.g., rm, foctory, street, oiling?	in or obout a bidg., etc.)	119 S. Ex	eter St	reet	ct location)	30	2
0	FINJURY	onth) (Doy) ( -29-70	Year) (Hou	m. WHIL	EAT NO.	WHILE X	Gunshot			en		
23		that I held on	Inquiry	¬ .		topsy X			death in my			
	resulted	fram: Natural	causes 🗌	Acci	dent Suici	de 🗌	lomicide K		ned manner			
	ACTUAL	X/	1	21/	1.11		CHIEF MEDICAL				DATE SIG	NED
	SIGNATUR			11/10	me M.	).	SISTANT MEDICAL			12/3	30/70	
	EXAMINER NAME (Typ	T)	N. K	ornb1	um, M.D.	AS:	OCIATE MEDICAL	EXAMINER				
REM	BURIAL CREMA OVAL (Specify)	TION, 248. DA	TE .		NAME of CEMETERY			LOCATION	(City, town	, or county	) (SI	ote)
	urial	HEALTH DEPT.		71	Mt C lva	ry Cer	netry . FUNERAL DIREC	A A	County	DDRESS		
ZJM.	NF	C 31 197	1	GET 18	aber No.	0 0	Col Bhus				Nort	th
VS 15	1-REV. 1/1/68	Sea Control	7									_

VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

address - 2523 Brookfield We Expr > Kalatead Funeral Home

1 70 49744	BALTIMORE CIT	Y HEALTH DEPARTMENT		70 40
BIRTH NO. 70 12711	CERTIFICA	TE OF DEATH	Registered Na	70 12713
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  WARDELL	EARLY	2. DATE AN	130/70	- 1 3 45 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	6 11 11	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution esidence before odmission)
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location)	give street	C. CITY OR TOWN (IF OU		URAL and give township)
MARYLAND GENERAL HOSP	יודמי	D. STREET ADDRESS	IMORE rurol, give locotion)	1402
6. SEX I6. RACE I7. MARRIED	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (the years lost birthdoy)	If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND O	RRIED F BUSINESS OR INDUSTRI	8/29/11 11. BIRTHPLACE State or fore	ign country)	12. CITIZEN OF
done during most of working life, even if retired)		Harlfor Ca	ocity 6	WHAT COUNTRY?
13. FATHERS NAME	-6-7	14. MOTHER'S MAIDEN NA	Dull	7
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	12 MEDERMANT Carel	Exercey	ADDRESS
18. / 8 9 0 1	1	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) He	mopneumo Hor	αχ	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or camplication which coused death.)	DUE TO	nopneumothor	-A RCINO	74
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION tost.		***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	HE Chroenic	renal far	°lure	
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION Sifery Hrow &	20A. AUTOPSY? Fres or No	208. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	B. PLACE OF INJURY (e.g., me, form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	City, give exact lacotion)
21D. TIME (Month) (Doy) (Year) (Hour) 211	E INJURY OCCURRED  hile At Not Whork At Work	21F. HOW DID IN	URY OCCUR?	
22. I certify that (I) (this haspital) attended	1	12/16/70	19ta/	2/30/7019
and haur and from the causes stated above.			at in(my) (aut) api	nian death áccurred an the date
23A. SIGNATURE			• " - /	238, DATE SIGNED
23C.PHYSICIAN'S	M.D. At	ys. Med. Director 23D. ADDRESS	Staff Phys.	12/30/70
MicTov R. Fel	iba M.D.	Manila	nd ben	eral Hoftet
24A. BURIAL CREMATION, 24B. DATE 24C. N. REMOVAL (Specify)	me of CEMETERY or CI	REMATORY 24D. L	ackery	ty, town, or county) (State)
DEC 31 1970 Pole & E.	OF REGISTRAL	2 25C FUNERAL DIRECTO	23.5	ADDRESS
VS 150-REV. 1/1/65	1.000	93024	motile	Cue _



70 12712

4. PLACE IN BALTIMORE, MARTIAND, WHERE PRONOUNCED DEAD PRONOUNCED DEAD PRONOUNCED DEAD PRONOUNCED DEAD PRONOUNCED DEAD PRONOUNCED DEAD ADRESS OF LOCATION) 3803 Kimble Ave.  5. SEX  7. RACE White White Who will White Who will White Who will White Who will Who will White Who will Who will White Who will Who will Who will White Who will	BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 7	0 12712
4. PLACE LIN BALLMORE, MARKLAND, WHERE PRONOUNCED DEAD  WINDING OF PROT IN HOSTALO & INSTITUTION, GIVES TREET  ADDRESS OR LOCATION)  3803 Kimble Ave.  5. SEX  7. RACE  WINDOWED  10. AGE STAYS  10. AGE STAYS  10. AGE STAYS  10. AGE STAYS  WINDOWED  10. AGE STAYS  WINDOWED  10. AGE STAYS  WINDOWED  10. AGE STAYS  WINDING OF STAYS  10. AGE STAYS  WINDOWED  10. AGE STAYS  WINDING OF STAYS  WINDING OF STAYS  10. AGE STAYS  WINDING OF STAYS  WINDING OF STAYS  10. AGE STAYS  WINDING OF STAYS  WINDING OF STAYS  10. AGE STAYS  WINDING OF STAYS  10. AGE STAYS  WINDING OF STAYS  10. AGE STAYS  WINDING OF STAYS  WINDING OF STAYS  10. AGE STAYS  WINDING OF STAYS  WINDING OF STAYS  10. AGE STAYS  WINDING OF STAYS  WINDING OF STAYS  10. AGE STAYS  WINDING OF STAYS  WINDING OF STAYS  10. AGE STAYS  WINDING OF STAYS  10. AGE STAYS  WINDING OF ST	(Type or Print)	OF SHALE	
3803 Kimble Ave.  3803 Kimble Ave.  3803 Kimble Ave.  3803 Kimble Maryland  3803 Kimble Maryland  3803 Kimble Maryland  3803 Kimble Ave.	HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Day PRONOUNCED DEAD 12 16	Yeor Hour 1970 2:55 p
Female White WIDOWED DIVORCED BALLIMOTE YES NO DIVORCED BALLIMOTE YES NO DIVORCED NO DIVOR			idence before odmission)
9. DATE OF BIRTH  10. AGE (in years in blocked)  11. BIRTHPLACE (Style or firight country)  12. CHILEN OF WHAT COUNTRY  WHAT COUNTRY  WHAT COUNTRY  13. FATHER'S NAME  WHAT COUNTRY  WHA	MARKIED LI NEVER MARKIED	D-1-1	
WHAT COUNTRY?  WHAT C	9. DATE OF BIRTH 10.AGE (In years   If Under 1 Yr. II Under 24 Hrs.	E. STREET AND NUMBER	901
CAUSE OF DEATH   CAUS		13. FATHER'S NAME	
Cause of Death   Caus	4A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRIONE during most by working life, even if retired)	15. MOTHER'S MAIDEN NAME	
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foliure, outhento, etc. it means the disease, injury or camplication which coused dooth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO DIFE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  ON THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  ON AD DISEASE OR CONDITION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UNDERLYING OR CONTRIB.  UNDERLYING OR CONTRIB.  UNDERLYING OR CONTRIB.  UNDERLYING CAUSE OF DEATH.  22D. TANK (Month) (Dov) (Year) (Hour)  (Fin Julie) (Anoth) (Dov) (Year) (Hour)  CONTRIBLE WORK  AUTOPSY? (Yes or No)  PARTIAL  22F. HOW DID. INJURY OCCUR?  WHILE AT A WORK  AUTOPSY (Yes or No)  PAIT L.  CHIEF MEDICAL EXAMINER DATE Manner DATE SIGNED  ACTUAL  SIGNATURE  ACTUAL  ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  ACTUAL	4. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.		ESS MEN ADT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not moon the mode of dying, e.g., hard foliure, eithenho, site. It moons the disease, injury or campitation which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IR ANY, CIVING RISE TO HIR ABOYE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (208. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. AUTOPSY? (Yes or No) PARTIAL  22A. TYPENAL CAUSE WAS UNDERLYING OR CONTRIB. UNDERLYING CONTRIB. UNDERLYING OR	19. CAUSE OF DEA		APPROXIMATE INTERVAL
222. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.   222. NAME (Type)   122. NAME (of CEMETERY OF CREMATORY   122. NAME (of CEMETERY OF CEMETERY OF CREMATORY   122. NAME (of CEMETERY OF CREMATORY   122.	(This does not mean the mode of dying, e.g., heart foliure, asthenio, etc. if means the disease, injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Dov) (Year) (Hour) OF INJURY (APPROX.)  I certify that I held on inquiry Inspection Autopsy of and that on this basis, death in my opinion resulted frame Natural causes Accident Suicide Homicide Undetermined manner  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  TO ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  12-17-70  24C. NAME of CEMETERY or CREMATORY  ACTUAL REMOVAL (Specify)  12 3 7 6 MM CALL AND COLUMN (City, lown, or county)  Chief MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  12-17-70  Column (City, lown, or county)  Chief Medical Examiner  ACTUAL  ASSOCIATE MEDICAL EXAMINER  12-17-70  Column (City, lown, or county)  Chief Medical Examiner  ACTUAL  ASSOCIATE MEDICAL EXAMINER  12-17-70  Column (City, lown, or county)	20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21.	
OF INJURY (APPROX.)    Certify that I held an inquiry   Inspection   Autopsy   and that on this basis, death in my opinion   resulted frame Natural causes   Accident   Suicide   Homicide   Undetermined manner	UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.	In or obout 22C. WHERE DID (II in Baltimore City, give exact local bidg., etc.)	milon)
Certify that I held an inquiry   Inspection   Autopsy   and that on this basis, death in my opinion resulted frame Natural causes   Accident   Suicide   Homicide   Undetermined manner	OF INJURY (APPROX.)  M. WHILE AT NOT WORK AT W	WHILE WORK	
Removal 12/30/70 mt Calvan a.a. County med	ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Inspection Authorized Accident Suicide  Accident Matural causes Accident Matural Matu	de Homicide Undetermined manner CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER	DATE SIGNED
	Removal 12/30/10 mt Cal	Jan a.a. Count	y Mil

VS 151-REV. 1/1/68

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200	10-15		BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70 1271										
BIRTH NO.	12715	MEDIC	AL EXAM	AINER'S	CE	RTIFI	CATE	OF	DEATI	REG. NO.	70	1271	5
I. NAME OF I	CATUTN	WESTEV	7FIIFDS	Jr.	2.	DATE	Known		Manth	Day	Year	Hour	

BI	RTH NO.									REG. NO	)	Parties.	
1. NAME OF DECEASED (Type or Print) CALVIN WESLEY ZELLERS Jr.						2. DATE OF DEATH	Known   Estimated	Manth	Day	Year	Hour	м.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION								INCED DEAD	e deceased liv	Doy Der 29, ed. If Institution		Hour 6:15	5 R.
UNION MEMORIAL HOSPITAL								Marylan	d	D. 4001111			
6. SEX 7. RACE 8. MARRIED X NEVER MARRIED								TOWN		D. INSIDE	CITY LIMITS?		
Male White WIDOWED DIVORCED						timore			YES X	NO D	1		
9.	1/11/19		last birthde	years 50	Months :	I Yr. II Under 24 Hrs. Days   Hours   Min.		ND NUMBER	axt 171	2 Hil:	lenwoo	d Road	
11. BIRTHPLACE (State or lareign country)  Md . 12. CITIZEN OF WHAT COUNTRY?								Calvin Wesley Zellers Sr					
14A don	USUAL OCCUP eduring most of w	ATION (Give	kind of work on if retired)				15. MOTHE	15. MOTHER'S MAIDEN NAME					
	Highwa	y ing	ineer			Roads	Bertha Mae Fraley						
16. (Ye	WAS DECEASE s, no or unknown) yes	D EVER IN I	U.S. ARME rar or dotes	of service	21	SECURITY NO.	Sarah Jane Zellers same						
Ì		S OR COND		CTLY		CAUSE OF DEA	TH	of head			A	PROXIMATE INTE FEN ONSET AND	
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart latiture, asthenia, etc. it means the disease, injury or camplication which caused death.)  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:												
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)													
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).												
	20A. DATE OF	OPERATION	20B. CO			CH OPERATION W					yes (	PSY? (Yes or i	
(EDICAL	UNDERLYING	ISE OF DEA	TRIB-		22B.PLAC	E OF INJURY(e.g., m, foctory, street, affic Home	tn or obout 2: bldg., etc.)	C. WHERE DID UURY OCCUR? 1712 1111	(II in Bolitmon EXXXXXX	City, give e	cact location) 2 Hill	enwood	l Rd
Σ	OF INJURY (APPROX.) 12		ay) (Yea ) 5:5		m. WHILE	AT NOT		Self-infl			wound	of head	d
		fy that I he		nquiry [			ad-Only	-					
	ACTUAL SIGNATURE  ACCIDENT ACCIDENT Suicide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER											DATE SIGNE	D
	EXAMINE NAME (Ty	R'S Ro		N. Ko		m,M.D.	ASSO	CIATE MEDICAL E	XAMINER		12/30	0/70	
RE	MOVAL (Specify Burial	)	48. DATE $1/2/7$	1.		ame of CEMETERY dlawn Cen			alto.		rn, or caunty)	(State)	
25/	A. DATE REC'D E	Y HEALTH E				REGISTRAR	25C. F	UNERAL DIRECTO	OR .		ADDRESS		
16		C31	1970	Robert	EJ	Bey rea	O Le	gon@rd <sub>(</sub> J	. Ruc	k Inc.	. Balt	o. Md.	
15	ISI-REV. 1/1/68	N8	54	6,1									V

L	2201	70 12716 GERTIFICATE OF BEAUTY 70 12716
	5 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	BIRTH NO. CERTIFICATE OF DEATH REG. NO.
	Sc + S	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH
	of d	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
	9000	A. STATE B. COUNTY
	a ho cause; se; (5 indai	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
		DALTIMORE YES IN NOT
	0.2	UNION POEPORIAL MOSPITAL E. STREET AND NUMBER 5909 WAKEHURST WAY 2368
_	ibut ibut ined d p	5. SEX 6. RACE 7. MARRIED LA TRUE DE SIDYU 10 ACE DE
	occurre ontribut ermined regular passed p	DIVORCED DIV
		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	direct of the disposite di	Engineering Maguolo & Quick VIRGINIA USA ATUERICAN
		1 MOTHER'S MAIDEN NAME
Z		Will Trescon hull
RTA	fill a k	16. SOCIAL   17. INFORMANT Mrs Virginia G Lowman Address Same   16. SOCIAL   17. INFORMANT Mrs Virginia G Lowman Address Same   16. SOCIAL   17. INFORMANT Mrs Virginia G Lowman Address Same   18. Informan Address Same
: IMPORTAN	examiner or his as xaminer. Also, if ) A fracture of any who pronounced n regular attenda are embalmed or	18. CAUSE OF DEATH
		LEADING TO DEATH
		heart failure, aslhenia, elc. Il means the disease
OR:		injury or complication which coused death.)  ANTECEDENT CAUSES
5		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:
DIRE	- m (*) - h	ise la lhe abave cause (A) stating the UNDERLYING CONDITION last. (C)
Ω	medical bedical burns; (; hysician in was ii remains	
RA		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 17B. CONDITION FOR WHICH OPERATION WAS PERFORMED four carried in Certifying Causes of Death?  121A. ACCIDENT WAS UNDERLYING TO THE PROPERTY OF THE PR
UNER	a ody	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
3	the cal by (2) Bere to phy efore	On CONTRACT OF INJURY (e.g., in or obout 21 C. WHERE DID
	by the private of the	DEATH (nality medicol exomine) —   elc.)
	_ 4 2 3 4	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
51	0 0 0	Work At Work
	- A	22. I certify that (I) (this hospital) attended the deceased from 12 - 20 - 19 70 to 12 - 25 - 19 70
	d to d to tal tal t be	that (I) (we) lost sow the deceased clive on 19.28 19.70 ond that In (my) (our) opinion death occurred on the date
	leased to ident of hospital o death)	ond hour and from the causes stated obove. (1) (We) (did) (did not) view the body after deoth.  23A. SIGNATURE  23B. DATE SIGNED
	E A 4 E	Attending Med. Staff D 12.28.1920
		23C. PHYSICIAN'S NAME (Type)  D  D  D  O  1
	certificate sody was r /s: (1) An a D.O.A. at ( ased prior	24A. BURIAL CREMATION, 124B. DATE 124C NAME of CRAMERON
	L = 00 - 1	Burial 12-31 70 Wootzrier Com
	This cer the bod shows: was D.( deceas	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR
		DEC31 1970 Valley & Sauber RA Leonard J Rook Inc. Balto. Md. 21214
		VS 150-REV. 1/1/68

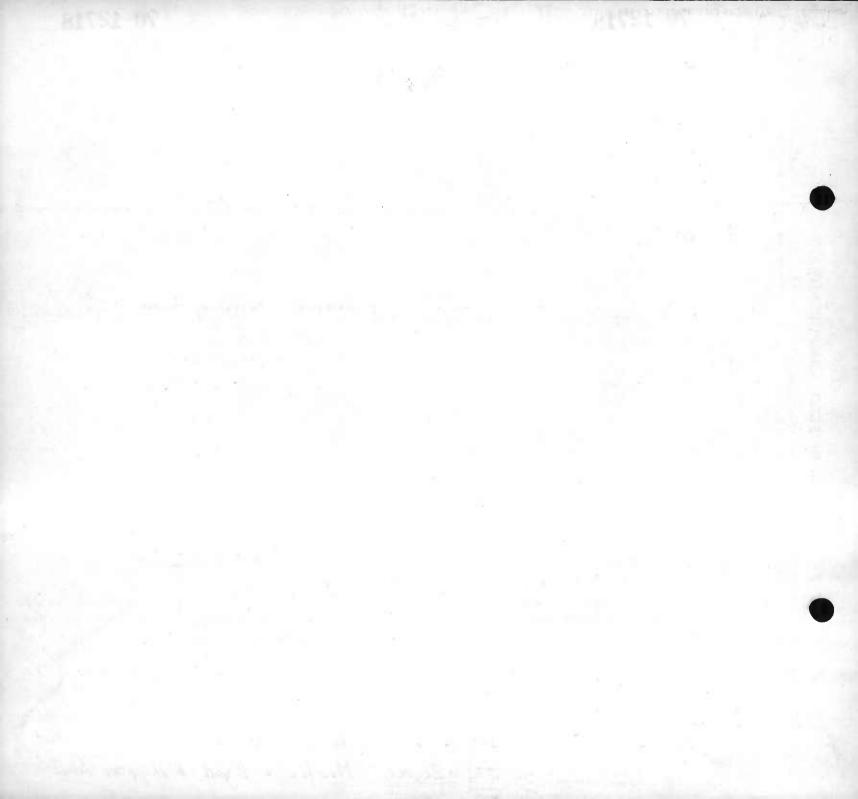
Consumery Prentice

VS 150-REV. 1/1/68

NO

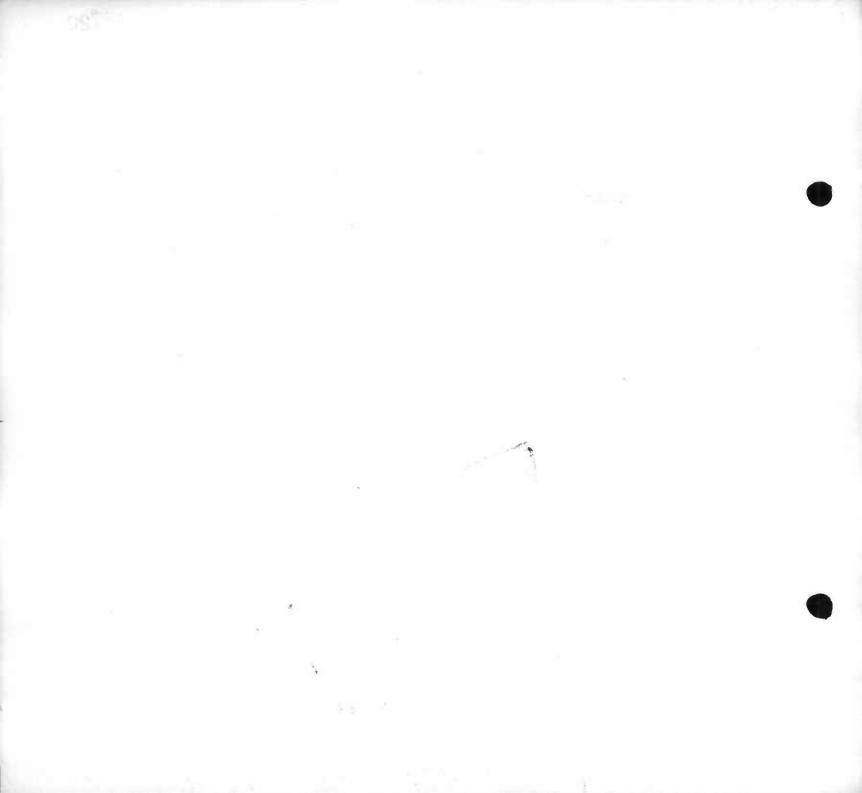
If Under 24 Hrs.

VS 150-REV. 1/1/68



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11	6251		70 12720	BALTIMORE CIT	HEALTH DEPARTMENT	20	12700
	Pt P et	BI	ALL ISO	CERTIFICA	TE OF DEATH	REG. NO.	12720
	deatl deatl ease n th	1. (Ty	NAME OF DECEASED	2 /	2. DATE AN	ID HOUR OF DEATH	
	of d Dece	3.	PLACE IN BALTIMORE, MARYLAND, WHER	PRONOUNCED BEAD	III IISIIAI BESIDENCE (W)	12/29/70	1 6:45 A.M.
	10	1			11.37.1	TY Transfer of the control of the co	on: residence before admission)
	J 45 77	H	ILL NAME OF OSPITAL OR ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. MEDE C	173/ 4 13 4 17 C 2
	E 34.	11/	111	.1.1	Bolto,	D. INSIDE C	
	uting d cau r att prior	1/	Litherpa Hi	spitel	E. STREET AND NUMBER	L. 0	1 4500
	ibutined ined produced by a pr	5.	SEX   6. RACE   7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours III I	1 1 9
	STEBSE	1	A. A	DOWED DIVORCED		last bithday	Jnder 1 Yr. If Under 24 Hrs. hths Doys Hours Min.
	con con n re ecea	dor	. USUAL OCCUPATION (Give kind of work 10B.  e during most al working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) 12.	CITIZEN OF WHAT COUNTRY?
	or nd de		A	Name and the second of the sec	BALA, Dorgi	410	4.5.A.
	CC	13.	FATHER'S NAME		14. MOTHER'S MAIDEN WAN		
-		1.5	William Me	rchant	Delitab	Herchant	
Z	0 0 0 0	(Ye	Was Deceased Ever in U. S. Armed Forces? iona or unknown) (If yes, give wor or dates of	SECURITY NO.	17. INFORMANT	1	ADDRESS
IMPORTAN	iss + A b or i	_	K 6 .	223-24-8497	Mrs. Tisha He	rchant 37	39 Nortonin Ra
9	is and and and and and		DISEASE OR CONDITION DIRECT	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S	Alsa, Alsa, e af naun atter med		LEADING TO DEATH		" AERICARA	MYODATIIV	
**	or o		(This does not meon the made at dyin heart failure, asthenia, etc. It means the	DUE TO, OR AS	SE PERI CARDIO	MIOPHIAX	***************************************
O	miner. fractu a pra gular emba		injury or camplication which caused deat	I. PERICAL	2DITIS + MY	YOCARDITIS	
5	xami kami A fr wha reg		ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il ony,	(B)	A CONSEQUENCE OF:	**********************	
DIRECTOR:	(3) × (3)		rise to the abave cause (A) stoti UNDERLYING CONDITION last,	ig ine	A CONSEQUENCE OF:		
0	edical dical urns; ysicia was		II	(C)	***************************************		
AL	medical Medical Murns; physicia an was	NOI	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER	UTING			
	ef medy by physician	CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A	***************************************	18.4		
FUNER	chi Boo th th ysi	ERTIFICATION	WAS PERFORM	D COR WHICH OPERATION	20A. AUTORSY? (Yes or No.)	208 IF YES, WERE FINDIN	IGS CONSIDERED OF DEATH?
3	for for	U	21A. ACCIDENT WAS UNDERLYING OF	21 B. PLACE OF INJURY (e.g., in home, lorm, factory, street, off	or obout 21 C WHERE DID	(if In Boltimore City,	give exact location)
	by the pital bure; (2) where No pi	S	DEATH (natify medical examined	etc.)	ice bidg., intokt occok:		
	- 43 CA	MEDI	21D-TIME (Month) (Doy) (Year) (Har OF INJURY		21F. HOW DID INJU	RY OCCUR?	
	7 A U I Z		(APPROXI	Work At Work			,
	유구 등 의 교		22. I certify that (I) (this hospital) atte		12/22/19	70 10 /2/	29/ 1970
	9 0 0 5 3		that (I) (we) last saw the deceased all		1970and that	t in (my) (aut) apinian d	eath occurred an the date
	ased to dent of ospital death) must be		and have and from the causes stated at	dve. (I) (πe) (did) ( <del>did not)</del> v	ew the bady after death.	loan F	ATE COMED
	must eleas ccide a hos ta d		48800	M. D. Atter	ding Med. S	haff hys. \( \sigma \langle \l	PATE SIGNED
	500 5		PHYSICIAN'S NAME (Type)		3D. ADDRESS	nys.	92770
	certificate sody was r ss: (1) An a b.O.A. at a ased priar		S. BASU	DEGREE	Oliperan H	perval 9	Maryland.
		24A	BURIAL CREMATION, 248. DATE	24C. NAME OF CREATERY OF CREATER	MATORY 24D. LO	CATION (City town	n, or county) (State)
	s cer ws: s D.C s D.C	254	BURIA 14/7/ DATE REC'D BY HEALTH DEPT. 258. 1	tapily hot		rla	Virginia
	This of the banks was laced deced		2306 1	E. Jaben M.D.	25C. FUNERAL DIRECTOR	11511	ADBRESS
		VS 1	50-REV. 1/1/68		Morton i Du	ett t. 11	701 LAURENS S



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	The state of

BALTIMORE CITY HEALTH DEPARTMENT

	SALTIMORE CITT HEAETH DEPARTMENT
MEDICAL	EXAMINER'S CERTIFICATE OF DEATH

IN THE FIGHT	721	2	1	70	
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BIRTH NO.						D 107 1 1	REG. NO	-		
1. NAME OF DECEASED				2. DATE OF	Known 🔲	Month	Doy	Yeor	Hnur	
KUNA				DEATH	Estimated					M.
4. PLACE IN BALTIMORE, I			OUNCED DEAD		UNCED DEAD		nber 29,		5:25	M.
LUTHERAN	HOSPITAI	L		A. STATE	Maryland		ed. If Institutions B. COUNTY	residence	before odmi	ssion)
6. SEX 7. RACE		B. MARRIED	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CIT	Y LIMITS?		
	gro	WIDOWED	DIVORCED [	Ва	ltimore		YE	s 🛛	NO 🗆	
9. DATE OF BIRTH 9-5-1959	t 0. AGE (In lost birthdo	y) 11	Inder 1 Yr. If Under 24 Hrs. other Days + Hours   Min.		lenolden	Avenue		160	04	
Baltimore, Ma	ryland		WHAT COUNTRY?		ge Sorden					
4A-USUAL OCCUPATION (Clone during most of working life, Student	even if retired)	Schoo	BUSINESS OR INDUSTR	Kathi	r's MAIDEN NA	ME				
(Yes, no or unknown) (If yes, giv	N U.S. ARMED wor or doles	FORCES? of service)	SECURITY NO.	MES	want Kathryn W	ells	604 Gler	oress ndolen	Ayen	ue
19. 9 9 10 9	Y		CAUSE OF DEA	TH					PROXIMATE I	
DISEASE OR CON		CTLY	Multiple	Trauma	tic Injur	cies		BEIM	EEN ONSET	UND DEATH
(This does not mean the		lan a m	(A)IMMEDIATE	AUSE						
heart tollure, osthenio, a injury or complication w	itc. It meons the	disease,	DUE TO, OR	AS A CONSEC	UENCE OF:					
		,,,,								
DISEASES OF CONDI		COUNC	(B) DUE TO OR	AS A CONSE	OHENCE OF					
DISEASES OR CONDI	AUSE (A) STAT	ING THE	(c)	AS A CONSE	QUENCE OF:					
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITIO	OT RELATED TO	THE TERMINAL								
20A. DATE OF OPERATION			WHICH OPERATION WA	S PERFORM	IED			21. AUTO	PSY7 (Yes	or No)
_										
VING CAUSE OF DI	NTRIB-	22B. hom	PLACE OF INJURY(e.g., e, farm, factory, street, office Street	in or obout a bidg., etc.)	300 Block	(if in Bolilmon Wakef:	ield Ave	nue		
OF INJURY (APPROX.) 12-29-	(Doy) (Year 70 P.	) (Hour) 2	ZE INJURY OCCURRED	WHILE COR	<sup>2F.</sup> HOW DID IN Subject	JURY OCCU	R?	10	+	3
23.	held on Ir	ngulry 🔲	Inspection Au	topsy 🗓	and that on	hte beste	land to			
resulted from:		_	coldent Suicid		parties .		_			
	7	4 /	201616		CHIEF MEDICAL		ed manner	3		
ACTUAL	ned.	111/	11	ACCI	STANT MEDICAL	and the same of	x		DATE SIG	NED
EXAMINER'S NAME (Type)	Ronald N	N. Korni	blum, M.D.	•	CIATE MEDICAL			12/3	0/70	
24A. BURIAL CREMATION, REMOVAL (Specify) Burial	1-5-71		Mt. Auburn Co			LOCATION Baltimo	(Cily, town,		(Sie	
25A. DATE REC'D BY HEALTH	3 1 <b>1970</b>	100	OF REGISTRAR E. Jackey M. D.		RTON & D		1, 170	DRESS Lau	rens S	treet
VS 151-REV. 1/1/6B		13 13								

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	BALTIMORE CITY H	HEALTH DEPARTMENT				10009
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH REG	7U	12122

BIRTH NO.	REG. NO.
I. NAME OF DECEASED M. (Type or Print) HELEN HOUSTON	2. DATE Knawn   Manth Doy Year Hnur OF DEATH Estimated   M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD December 29,1970 1:50 P
JOHNS HOPKINS HOSPTTAL	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D	Baltimore  D. INSIDE CITY LIMITS?  YES  NO
	E. STREET AND NUMBER
9. DATE OF BIRTH  9-2-1936  10. AGE (in yeors   Months   Days   Hours   Min.	1710 Aisquith Street
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF	13. FATHER'S NAME
Decal, Mississippi WHAI COUNTRY?	Grant Neely
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired) HOUSEWITE HOME	Lillian Neely
14. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor ar dates at service)  NO.	Mr. Elmer Houston 3039 Southland Avenue
19. Z CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Fatty	Metamorphosis of Liver
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. it means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ARITECEP PAIR CALLERS	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED  21. AUTOPSY? (Yes or No)
Ö	
ZZA. EXTERNAL CAUSE WAS 122B, PLACE OF INJURY (e.g.,	Je or chaut 22C WHERE DID (If in Rallimore City characteristics)
UNDERLYING OR CONTRIB-	in or obout 22C, WHERE DID (If in Baltimore City, give exact location)  e bldg., etc.) INJURY OCCUR?
OF INJURY (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED.	22F. HOWDID INJURY OCCUR?
(APPROX.) WHILE AT NOT	WHILE O
23.	
	tapsy and that on this basis, death in my opinion
resulted fram: Natural causes X Accident Suicio	
ACTUAL () & P 1// 18	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MED MICHAEL M.D.	ASSISTANT MEDICAL EXAMINER [X]
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER   12/30/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, tawn, or caunty) (State)
REMOVAL (Specify) Burial 1-5-71 Mt. Auburn C	emetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 31 1970 Robert E. Farber M. D.	2 MORTON & DYETT F.H. 1701 Laurens Street
VS 151-REV, 1/1/68	

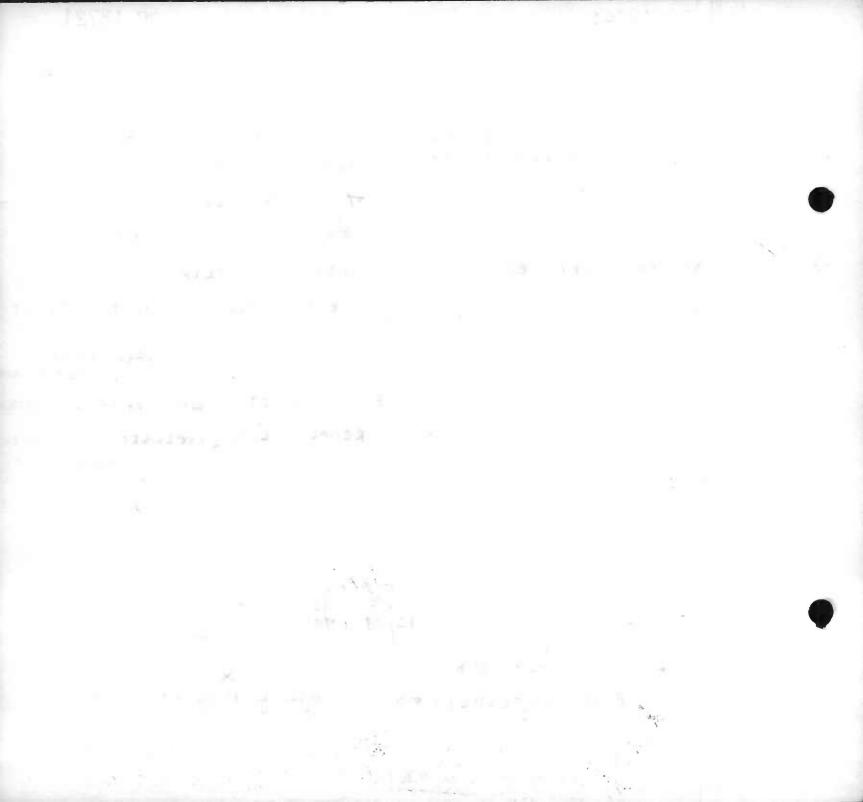
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MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
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BIR	70 12°	723	MED	OICAI	LEX	CAMINER'S				OF DE	ATH R	EG. NO	70 1	2723	
1. [	NAME OF DEC	EASED LILLY	(Spr	uill) UELL	(Li	llie Sprue		ATE OF ATH	Known E		nth	Doy	Yeor	Hnur	м.
4. 1		TIMORE, MA				UNCED DEAD	11 00	ATE		Mo	nth	Day	Year	Hour	int.
HO	L NAME OF	(IF NOT	TIN HOSPIT	AL OR INS	TITUTIC	N, GIVE STREET			NCED DEAD	Dе	cember				А. м.
OK	I L	UTHERAN	N HOSP	ITAL			5. US A. STA	ATE	sidence (v larylan			Institution: OUNTY	residence l	efore odmiss	ion)
6. 5	EX	7. RACE		8. MAR	RIED X	NEVER MARRIED	C. CI	TY OR	TOWN		D. 1	NSIDE CIT	Y LIMITS?		
I	emale	Negro		WIDO		_		Balt	impre			VE	s 🔀	NO 🗆	
9. [	ATE OF BIRT	H	10. AGE (1		If Un	der 1 Yr. If Under 24 I	Hrs. E. STI	REET A	ND NUMBE	R			, <u></u>	110	
	11-22-1		lasi birthdo	33		S Days Haurs A	24		Roslyn	Avenu	e		15	38	
	BIRTHPLACE (S Newport			ia		THAT COUNTRY?			NAME						
						USINESS OR INDU		oger		NAME					
done	omestic	warking life, eve	en il retired)	140.6114	000	03114233 0 11400.		/A	J IIIAIDEIA	MAINE					
16.	WAS DECEAS	ED EVER IN	U.S. ARME	FORCE	5?	17. SOCIAL	18. 11	VFORM	ANT			AD	DRESS		
(Te	No ar unknown	){If yes, give w	var or dates	ot service	e)	SECURITY NO.	30 Mr	. Fr	anklin	Spru	e11	2402	Ros v1	n Ayen	ue
	19.	12( = 2	V			CAUSE OF I							AF	PROXIMATE INT	ERVAL
	20	0 /	$\triangle$				ural H	omat	oma				BETW	EEN ONSET AN	D DEATH
	DISEAS	E OR COND		CTLY		Japac	urar II	Cilla i	Ullia						
	(This does a	LEADING TO		dna e a		(A)IMMEDIA		2415701	TALOT OF						
	heart failure	, asthenia, étc.	. It means the	e disease,		DUE 10,	OR AS A CO	ONSEQ	JENCE OF:						
	injury or cal	mplication which	in caused de	oin.)											
	A	NTECEDENT	CAUSES			(8)									
		OR CONDITION		Y, GIVING	3	DUE TO,	OR AS A C	ONSEC	UENCE OF:						
	RISE TO TH	E ABOVE CAL NG CONDITI	USE (A) STA	TING THE	E										
2						(C)									
Ĕ	OTHER SICE		II	ONTRIBL	TINIC										
CERTIFICATION	TO THE DE	VIFICANT CON ATH BUT NOT CONDITION	GIVEN IN P	THE TERM	AINAL )-				phosis	of L	iver				
8	20A. DATE O	F OPERATION	1 20B. CO	NDITION	FORV	WHICH OPERATION	WAS PER	RFORM	ED				21. AUTO	PSY? (Yes or	Na)
- 61	2)												3	res	
MEDICAL		NAL CAUSE			22B.P	LACE OF INJURY	e.g., In or a	baut 2	C. WHERE	DID (If In I	Ballimare Cit	y, give exac	t location)	and rested to	W. Committee
ద	UNDERLYING UTING CA				home,	form, lactory, street, Home	440000000		2402 Ro		Arroniic			14 37	
Z	22D. TIME		ay) (Yea	r) (Hau	r) 122	E.INJURY OCCURR	-5	2	2F. HOW DI	DINJURY	OCCUR?		- +	3. 3. 3.	97
	OF INJURY (APPROX.)			., (,,,,,,			NOT WHILE	6							
	23.	Un	к.				AT WORK	IS IS	ubject	tell					
		tify that I ha	eld on	Inquiry		Inspection	Autopsy	X	ond that	on this b	asis, deat	th In my	opinion		
	resul	ted from: N	etural cou	ses 🗌	Ac	cldent X Su	icide	Ho	micide 🔲	Unde	termined :	monner [			
		/	)	. /	/	7		(	HIEF MEDIC						
	ACTUAL		10 M	11/	1	1			TANT MEDIC		panny .			DATE SIGN	ED
	SIGNAT		41	4/60	10		M.D.								
	NAME (	Type)		I. Ko		um,M.D.			CIATE MEDIC				12/3		
24. RF	A. BURIAL CRE MOVAL (Spec	MATION, 2	48. DATE		240	NAME of CEMET	ERY or CRI	EMATO	RY	24D. LOCA			or county	(Stote	e)
	Buria		1-3-1	971		St. Thomas	Com		V	Balt	imore,		Ma	ryland	
25	A. DATE REC'D			-		OF REGISTRAR	cem.	25C. F	UNERAL DIF				DRESS		
	DEC	31.197			45.5	Bly RD. 7	2		PON & D		F.H.			ens Str	eet
VS	151.REV 3/1/6	8	100		-			<u> </u>							

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V\$ 150-REV. 1/1/68



IMPORTANT

FUNERAL DIRECTOR:

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2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE R. COUNTY

A. STATE

R. COUNTY D. INSIDE CITY LIMITS2 YES -NO DUKELAND 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CEREBRAL ARTERIO SCLEROUS INFECTION 208. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If to Boltimore City, give exoct location) and that in (my) (aur) apinion death accurred on the date 23 B. DATE SIGNED eceased or county Was VS 150-REV. 1/1/68

THE STREET STATE OF THE STATE O A PARTY OF A PARTY S. A. A. Mark the State of P. R.

VS 150-REV. 1/1/68

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## IMPORTANT DIRECTOR: FUNERAL

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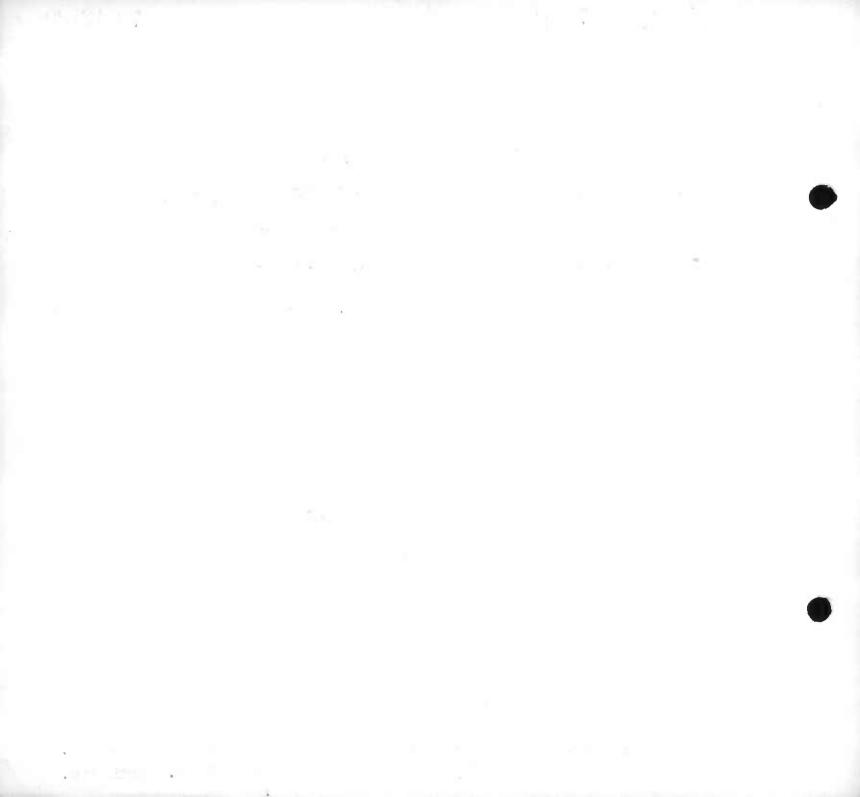
shows: (1)

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hospital

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BALTIMORE CITY HEALTH DEPARTMENT 70 12729 pital and of death Deceased CERTIFICATE OF DEATH Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ПО MRS. AGATHA ANDERSOM DECEMBER 27, 1970 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before ance t or contributing cause Undetermined cause; (5) FULL NAME OF MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) CITY HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE YES 🔀 NO BON SECOURS HOSPITAL E. STREET AND NUMBER 1925 DENROSE made. in regular 5. SEX 6. RACE 8. DATE OF BIRTH deceased 7. MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months Days If Under 24 Hrs. Female Negro WIDOWED DIVORCED 1/4 05 / 63 10A, USUAL OCCUPATION (Give kind of work 10R, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) or final disposition is 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife MARYLAND UNITED STATES Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES HUTCHINS Stella SMITH death E O 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknawn) (If yes, givo war or dates of service) 1 6. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS attendance Mrs. Estella Chambers 1935 Penrose CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY mbalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF regular injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the physician the remains UNDERLYING CONDITION last physician was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes of No.) 20B. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21B. PLACE OF INJURY (e.g., In or about 21C, WHERE DID home, larm, loctory, street, office bldg., INJURY OCCUR? (If to Baltimore City, give exact lacotion) °Z DEATH (notify medical examined) (except w ; and (6) 21 D. TIME (Month) (Day) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While White At (APPROX) 22. I certify that (i) (this hospital) attended the deceased from 19\_70 and that In(my) (our) opinion death accurred on the date eath) and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23B DATE SIGNED Attending 10 approval 0 23C. PHYSICIAN'S NAME (Typel prior 23D. ADDRESS 10 JANTRA VURARAKSA BSI deceased written as 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 0.0 24D. LOCATION (City, town, or county) (Stotel Mt Calvary Cometery eterve Anne Arundel March 928 E. North Ave.



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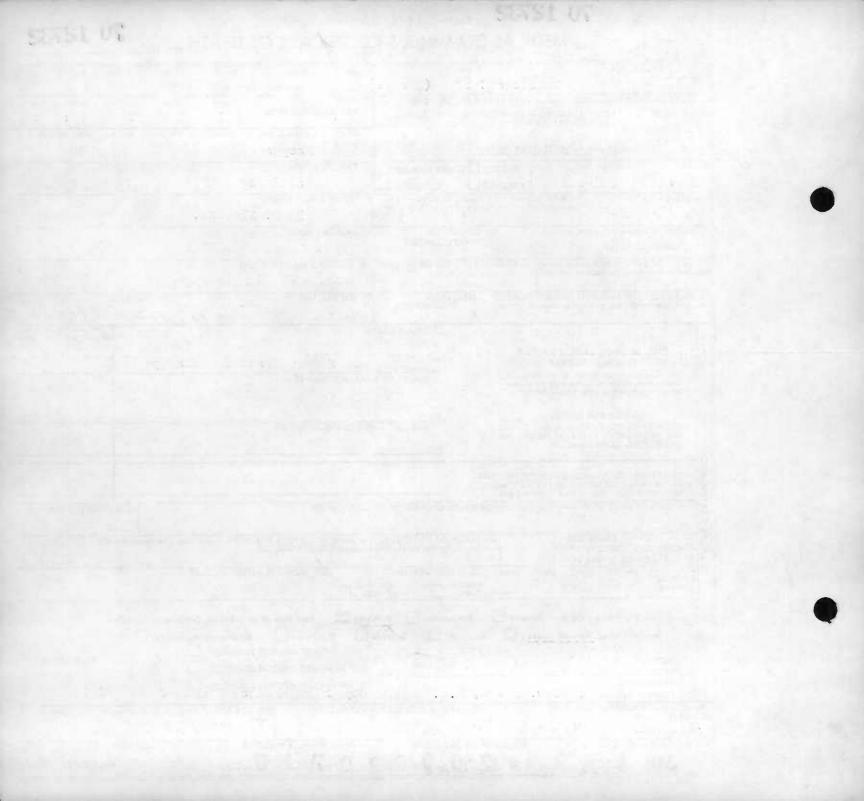
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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	12731
1. NAME OF DECEASED (Type or Print) THE LMA, PULLEY	2. DATE Known Month Doy YOU DEATH Estimoted	ear Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Day Y December 30,1970	Hour 4:23 A.
JOHNS HOPKINS HOSPITAL	5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence in the second seco	ence before odmission)
Female Negro Negro Never Married Divorced	C. CITY OR TOWN  Baltimore  P. INSIDE CITY LLM  YES	NO 🗆
9. DATE OF BIRTH 12/17/23 10. AGE (In years   Funder 1 Yr. II Under 24 Hrs.  Nonths Days Hours Min.	E. STREET AND NUMBER	004
Maryland  11. BIRTHPLACE (Stote or loreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?	I3. FATHER'S NAME Laucis McCray	0
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if restred)	Y 15. MOTHER'S MAIDEN NAME Eunice Boykin	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or doles of service)  17. SOCIAL SECURITY NO.	Mr. Jucute Pulley 1254 N Br	roadway
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart ioliure, asthenia, etc. it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Metamorphosis of Liver  CAUSE AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
	AS PERFORMED 21. A	Ves
UNIDERLYING CONTRIBUTION OF TOTAL UTING CAUSE OF DEATH.  22 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED. WHILE AT NOT	In or obout 22C, WHERE DID (If in Baltimore City, give exact local) injury occur?  22F. HOW DID INJURY OCCUR?	ion)
I certify that I held an Inquiry Inspection Augresulted fram: Natural causes Accident Suicid  ACTUAL SIGNATURE EXAMINER'S RONAID N. KOTNDIUM, M.D. NAME (Type)  24A. BURIAL CREMATION, 124B, DATE 124C, NAME of CEMETERY.	and that on this basis, death in my opinion to the homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 12	DATE SIGNED /30/70
Burial 1/2/71 Mt Calvary  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	Cemetery Anne Arundel Cty 25C. FUNERAL DIRECTOR ADDRESS	y., Md.
JAN 4 1871 Vales E. Jailey A.D. )	2 Num C March 928 E. North	n Ave.

. It will be the termination to the same and detail of the or that

632 BALTIMORE CITY HEALTH DEPARTMENT	70 12732
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO	10 16105
1. NAME OF DECEASED  (Type or Print)  Patricia Curtis (Rucker)  OF  OF	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day	Yeor Hour
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OR INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)    PRONOUNCED DEAD   12   26	70 10:44 a M.
Hopkins Hospital Maryland B. COUNTY	on: residence before odmission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE C	CITY LIMITS?
9. DATE OF BIRTH 10. AGE (In years   # Under 1 Yr. If Under 24 Hrs.   E STREET AND NUMBER	TES NO L
12/12/70   lost birthdoy)   Months Doys Hours   Min.   339 E. 22nd St.	1204
11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME CLIPTAN CURTIS	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)	
(Yes, no or unknown) (If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.  18. INFORMANT  MR CLIETSH CURTIS 182	ADDRESS  3 F FENERALS
19. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH	
(This does not meon the mode of dying, e.g., heart follure, osthenia, etc. it meons the disease,	
injury or complication which coused death.)	er between
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION 1 AST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Baltimore City, give explored) injury occur?	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURED. 22F. HOW DID INJURY OCCUR?	
(APPROX.) M. WHILE AT WORK AT WORK	
I certify that I held on Inquiry Inspection Autopsy Wand that on this basis, death in my	opinion
resulted from: Notural couses Accident Suicide Homicide Undetermined manner	
ACTUAL THE ACTUAL CHIEF MEDICAL EXAMINER L	DATE SIGNED
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER EXAMINER NAME (Type) Werner U. Sritz, M.D. Deputy Chief Medical Examiner	10/05/50
NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Chr. town	12/27/70
24A. BURIAL CREMATION, REMOVAL (Specify)  BURIAL  12/29/70  Mt. Auburn Cemi Betto, Md.	12/27/70 n, or county) (Stote)
BURIAL 12/29/70 Mt. AUBUSA Cema Betto, Mal. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	



VS 150-REV. 1/1/68

1 21	50 70 12	722	BALTIMORE CITY	HEALTH DEPARTMENT		70 12	3-1.213	
BIRTH NO.	10 12	700		TE OF DEATH	REG. NO	10 14	-/00	
I. NAME OF DI	ECEASED E			2. DATE A	ND HOUR OF DEATH			
Type or Print)	Henry Logan			1	2-28-70	1	6	2-1
3. PLACE IN B	ALTIMORE MARYLAND, V	WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. If i	nstitution; lesic	Jence before	odmission
FULL NAME O HOSPITAL OR INSTITUTION	F IIF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUT ATIONI	ION, GIVE STREET	Maryland c. CITY OR TOWN	ln INS	IDE CITY LIMI	TC2	
n				Baltimore		YES TO	Пои	
/				E. STREET AND NUMBER		, and and	0.5	
	MERCY HOSPITAL			747 E. Pres	ton St.	1	00	1
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE  In years	II Under 1	Yr. II Unde	er 24 Hrs.
Male	Negro	WIDOWED	DIVORCED	11-8-46	21.		70 110015	1011110
OA, USUAL OC	CUPATION (Give kind of world) of working life, even if retired)	10B KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE  Stote or for	eign country!	12. CITIZEN	OF WHAT	COUNTR
Labor	rer			MARYLAND	7			
3. FATHER'S N.		<u> </u>		14. MOTHER'S MAIDEN NA	ME			
Tec	nard Logan			Ethel Te	rrv			
5. Was Decease	ed Ever in II S Amend For	cos? 1	6. SOCIAL	17. INFORMANT		A	DDRESS	
N.O	vn) (If yes, give wor or dote		SECURITY NO. 212-44-7853	ARNETTA M	1ccoy 275	TTIVE	SLY 7	JVE
18.	2/3/1		CAUSE OF DEATH	1	1.	1	APPROXIMATE II	NTERVAL
DISE	ASE OR CONDITION DI	RECTLY	HOUT	F HUEMORNH	Maic	SEL	WEEN ONSET A	IND DEATH
171	LEADING TO DEATH	77 0 00	(A) IMMEDIATE CAU	SE DANCER E	A TITIS -	- 1		
heort lailure	naf mean the made af , asthenia, etc. II means	dying, e.g., the disease,	DUE TO, OR AS	SE DAN CA E. A CONSEQUENCE OF:			******	
injury or co	amplication which coused	death.)	-			- 1		
	ANTECEDENT CAUSES		100 - 4174	A CONSEQUENCE OF:	8 F 612 F 12	,		
DISEA SES	OR CONDITIONS, il	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		h	***********	
UN DERLYIN	he obove cause (A)	stoling the						
	11		(c)					
OTHER SIGN	II IFICANT CONDITIONS CO	NTRIBUTING						
TO THE DEA	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	HE TERMINAL	*************					
OTHER SIGN TO THE DEA DISEASE OR 19A. DATE C	F OPERATION 198 CON	DITION FOR WH	ICH OPERATION	20A. AUTOPSY? IYes or N	O) 20 R IF YES WERE	FINDINGS CC	NSIDERED	
	WAS PER				IN CERTIFYING CA	USES OF DEA	TH?	
OR CONTRIE	ENT WAS UNDERLYING DESCRIPTION OF THE PROPERTY	21 B. PL home, etc.J	ACE OF INJURY le.g., Ir form, foctory, street, af	or about 21C. WHERE DID	(If In Boltimor	re City, give ex	roct lacotion)	
21D. TIME	IMonthi (Doy) (Yearl	(Hour) 21E, IN	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
OF INJURY		While						
		Work	Al Work			_/		
	y that (4) (this hospital		deceased from	12/26	19 70 to 12	128/	70.19	
that (6) (we	) last saw the decease	d alive an	12/28	19 70 and th	nat in <del>(my)</del> (aur) api	nian death c	occurred an	the date
and hour a	nd from the causes stat	red abave. 🕮 (	We) (did) ( <del>did nax)</del> v	ew the bady after death.				
234 SIGNAT	URE	0			/	23B, DATE S	IGNED	,
11/0	V /l/e	Ann	After Phys	ding Med.	Shaff Phys.	12	1281	172
23 C. PHYSICI	AN'S	1	OF OWEE!	3D. ADDRESS			1 00/	
4	1 h. at	(						
4A. BURIAL CR	EMATION, 248. DATE	24C. NAM	E of CEMETERY of CRE	MATORY 24D. L	OCATION (C)	ty, town, or co	ounty)	(Stote)
BUNCAL	(Specify)	1 ML	Calvery C	3 3 3	ne Arund	4	L./1	1
	D BY HEALTH DERT.	25B. NAME OF		25G-FUNERAL DIRECTOR		-1 Ct	ADDRESS	4,
JAN	4 1971 Robert	E. Valley	M.J.	2 Was Min	ACH GIT	CE. N	CATH	Z Di
01111	97479		and a state of the	11111111	11-	3 1-16		//

	BALTIMORE CITY HE	ALTH DEPARTME	NT-	1) 12734					
BIRTH NO.	CERTIFICATE	OF DEAT	TH Registered No	0 3.4.5					
M.E. CASE NO.  1, NAME OF DECEASED 70 12734			TE AND HOUR OF DEATH						
(Type or Print)									
SOPHIE CRAIG  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR oddress or location)  1534 N- Wolfe St.		12-29-70 M.  4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A, STATE B, COUNTY							
		Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore D. STREET ADDRESS (If rural, give location)  1534 N. Wolfe Street							
						owed (specify)	B-2-08 BIRTHPLACE (Stote	lost birthdoy) M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
					done during most of working life, even If retired)				WHAT COUNTRY?
Housewife		Maryland 14. MOTHERS MAIDEN NAME							
13. FATHER'S NAME									
James Henry  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  SECURITY NO.		Rosie Cla	ughton						
		INFORMANT		ADDRESS					
		Mrs. Rose	Lockett						
DISEASE OR CONDITION DIRECTLY	CAUSE OF D			INTERVAL BETWEEN ONSET AND DEATH					
LEADING TO DEATH	(A) My	6 64-6	doisoppil los	12-29-70					
(This daes not mean the made af dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		<u> </u>	at	9-77-60					
ANTECEDENT CAUSES	(B) 544 P	epleuli	H12015150000	16 1-22-00					
DISEASES OR CONDITIONS, if any, giving	hand	Fx1 soa	54						
rise to the above cause (A) stating the UNDERLYING CONDITION last.	DO THE ED	11eps4	1955						
		1 . 1	7 1						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes	S OF NO. 208. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?					
	R. PLACE OF INJURY (e.g., in or ne, form, foctory, street, office ,)	obout 21 C. WHERE bldg., INJURY OCC	DID (If in Boltimore Ci UR?	ty, give exoct location)					
21D. TIME (Month) (Doy) (Year) (Hour) 21E	. INJURY OCCURRED	21 F. HOW D	1D INJURY OCCUR?						
OF INJURY (APPROX.)	nile At Not While								
Wo		1 00	10.60	1000					
22. I certify that (I) (this hospital) ottended t		1000		15- 1970.					
that (I) (we) lost sow the deceased alive on	13-12-	191.20	and that in(my) (our) apinion	n death accurred an the date					
ond haur and from the causes stated above. (	1) (We) (did) (did not) view	the body ofter d							
23A. SIGNATURE	M.D. Attendin	Med. Director	Stoff -	B. DATE SIGNED					
23C. PHYSICIAN'S NAME (Type)	23 D.	. ADDRESS		21					
1か,14	er M.D.	133	8 N. 1000/11	10 An					
24A. BURIAL CREMATION, 24B. DATE 24C.	AME of CEMETERY of CREMA	TORY	24D. LOCATION (City, 1	own, or county) (State)					
Burial 1-4-71 Mt	Calvary Ceme	tery	Anne Arundel (						
	OF REGISTRAK	25C. FUNERAL DIE		ADDRESS					
JAN 4 1971 Passer E. Jak	44 18 18	Wm C Mar	ch 928 E. Nor	th Ave.					
VS 150-REV. 1/1/65									

THEO MEA. . P.

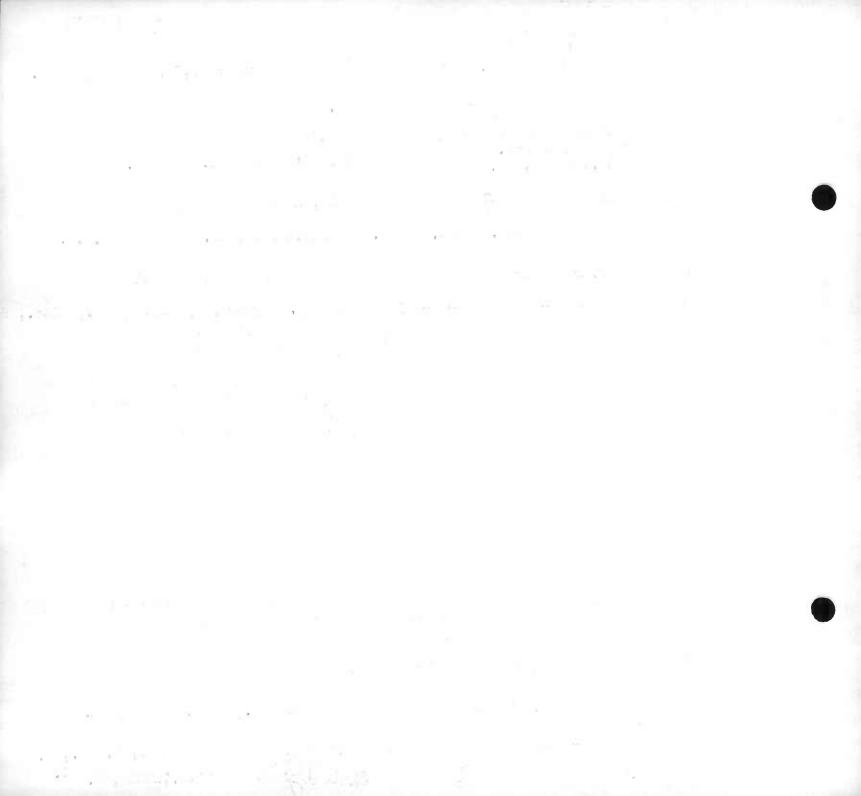
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IMPORTANT

DIRECTOR

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		D-((N) BALTIMORE CITY	HEALTH DEPARTMENT 70 12737						
4	BIR	TH NO. 70 12737 CERTIFICA	TE OF DEATH REG. NO.						
İ	1, N	IAME OF DECEASED	2. DATE AND HOUR OF DEATH						
	3, 1	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNGED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)						
R	T	IFICATE AMENDED-1/15/1	A. STATE B. COUNTY						
	HO	ME HAME OF TIPNOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
		Harter View Kursing Hame	Balto YES NO NO						
1	か	12/2 list I With me	E. STREET AND NUMBER						
	5 6	EX   6. RACE   7. MADDIED   NEVER MADDIED	1554 Alen Eagle Rd 21212613						
	/	MIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE fin years lost bisthday)  8. Months: Doys Hours Min.						
		. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY equing most of working life, even if retired)	1						
		Navy (Retired	Rhede Island 45A						
	13. 1	FATHER'S NAME	14. MOTHER'S, MAIDEN NAME						
		John W. Dayle	alecia A. Welsh						
	15. V (Yes.	Was Deceased Ever in U. S. Armed Forces?  ino of unknown! (If yes, give way or dates of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT Jr. Glen ADDRESS						
		yes 319-28-3598	John Dayle 155-4 Eagle Rd (201)						
		18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CVA						
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:						
		injury or complication which caused death.)							
		ANTECEDENT CAUSES	boal Artory Thymbrain						
		DISEASES OR CONDITIONS, il ony, giving ise la the above cause (A) stating the	A CONSEQUENCE OF:						
		UNDERLYING CONDITION last, (C)							
	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	700 700 000 000 000 000 000 000 000 000						
	CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED						
	ERT		IN CERTIFYING CAUSES OF DEATH?						
	4	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, oil DEATH (notify medical examines)	n or obout 21 C. WHERE DID (If In Boltimore City, give exact location) lice bldg., INJURY OCCUR?						
	MAR 1/	21D. TIME (Month! (Doy) (Year) (Hour 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
	>1		hile At I Not While I						
		22. I certify that (I) (this hospital) attended the deceased from	DEC. 16 1970 10 DEC. 30 1970						
		that (I) (we) lost sow the deceased alive on DEC-30	19 70 ond that in (my) (our) opinion death occurred on the date						
		and hour and from the causes stated above. (1) (We) (did) (did not) vi	lew the body ofter deoth.						
		23A. SIGNATURE	nding Med. Stoff (						
		Physical Company of the State of the Physical Ph	Director L Phys. L /2-5/-/0						
		NAME (Type)	23D. ADDRESS						
	24A	BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CRE	Har Dor View Nurseng Hom						
		REMOVAL (Specify)							
		Burial 1/4/70. Woodlawn Cemeter	ry Baltimore, Md. O 250 FUNERAL DIRECTOR ADDRESS						
	J	AN 4 1979 Robert & Jak.	Leonard J. Ruck, Inc. Balto. Md. 21214						
Į.	VS 1	150-REV. 1/1/68	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						

1/15/11- Curection form from funual director.

6	W-630 70 127		HEALTH DEPARTMENT	REG. NO	70 12738			
	RTH NO. NAME OF DECEASED	CERTIFICA						
	ppe or Print)  BERTHA	TALADD	I	D HOUR OF DEATH				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PA	WARD	Dec.  4. USUAL RESIDENCE (Where A. STATE B. COUN	29, 1970 e deceased lived. II is	nstitution: lesidence before odmission			
II H	ULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland					
11"	ISTITUTION		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?			
1	LONG GREEN NURS		Baltimore E. STREET AND NUMBER		YES NO			
	115 E. Melrose		943 Montpelie	r St.	904			
	female   caucasian   wido	WED A DIVORCED	March 8 1886	9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.			
10.	A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or larei	gn country)	12. CITIZEN OF WHAT COUNTRY?			
ga	Housewife	,	Maryland	•	USA			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAA	A E				
15	August Olfers		Elizabeth Ma	axwell				
(Ye	Was Deceased Ever in U. S. Armed Forces? s,na ar unknown) (II yes, give wor or doles of serv	ice)   SECURITY NO.	17. INFORMANT	2	615 Ednor Rd			
	NO	213 50 6907	Mrs. France:	2.6	Baltimore. Md 21218			
ATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stoting UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINDISEASE OR CONDITION GIVEN IN PART 1 (A).	e.g., (A) IMMEDIATE CAU:  Over 10, OR AS A  Ving Ihe (C).  NG	AS A CONSEQUENCE OF:  MEAN FAILTER.  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:					
ERTIFICA	198- DATE OF OPERATION 198- CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?			
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, offi etc.)	or about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(Il In Baltimor	e City, give exact location)			
MEDI	21 D. TIME (Month) (Dayl (Year) (Haur) OF INJURY	21 E INJURY OCCURRED	2) F. HOW DID INJU	RY OCCUR?				
<	(APPROX)	While At Work Not While			0			
	22. I certify that (I) (this hospital) attend	1	30	55 to 1	2000 mlas - 12			
	that (I) (we) last saw the deceased office	on 14 Dec	19 <u>70</u> and the		Delander 19 70  nion death accurred on the date			
	and hour and from the couses stated abov	e. (1) (We) (dld) (dld not) vi	ew the body after death.					
	23A. SIGNATURE JOSEPHE 1	111 11		haff .	12/30/70			
	Dr. Joseph E.	23	D. ADDRESS		Balto, Md18			
24/		C. NAME OF CEMETERY OF CREA						
	BURIAL 1-2-71				y, tawn, or countyl (State)			
25/		Baltimore, ME OF REGISTRAR	25C JUNETAL DIRECTOR	ltimore N	ld.			
	JAN 4 1971 Page 8 8. Jak			uck, Inc.	-Balto, Md14			
VS	150-REV. 1/1/68							

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RI	RIH NC.	٨	MEDICA	EX	AMINER'S	CERTIFI	CATE	OF	DEAT	H REG. NO	70 1	2739		
1.	NAME OF DEC		MER M. C	LARK		2. DATE OF DEATH	Known		Month	Doy	Yeor	Hnur M.		
4.	PLACE IN BAL	TIMORE, MARYLA	ND, WHERE P	RONOL	INCED DEAD	3. DATE			Month	Doy	Yeor	Hour M.		
HC	L NAME OF SPITAL INSTITUTION	(IF NOT IN H	OSPITAL OR INS	IOITUTIT	N, GIVE STREET		UNCED DE		12	29	70	8:30 a M.		
	Chu	rch Home	and Hosp	ital		A STATE	Maryla			B. COUNTY	Legidence D	refore commission;		
6.	SEX	7. RACE	8. MAR	RIED 🖾	NEVER MARRIED	C. CITY OF	TOWN			D. INSIDE CIT	Y LIMITS?			
	male	white	WIDO	WED 🗌	DIVORCED		1timor	7		YE	s 🖺 ı	по 🗆		
9.	DATE OF BIRTI	lost	GE (in years pirthday)	Monihs	er t Yr. If Under 24 Hrs. Doys Hours Min.		AND NUMI				1000	12		
	Sept. 1	,				234	2 Flee	t St	t.		A great			
11.	BIRTHPLACE (S	tote or loreign cou	ntry)		IZEN OF	13. FATHER	'S NAME							
	Penna	•		441	HAT COHINTRY	Robe	rt E.	Cla	rk					
t4A	USUAL OCCU	PATION (Give kind of orking lile, even ille	lwork 148. KIN	OF BL	SINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDE	N NAI	ME		H-1-5%	14- A- 12		
	Pointe			t co	ntractors	Minn	ie C.	McK:	a v7					
16.	WAS DECEASE	ED EVER IN U.S. A	RMED FORCE	5? 1	7. SOCIAL	18. INFOR		LICIX	х у	AD	DRESS			
(Te	s, no or unknown) No	(Il yes, give wor or	dotes of service	)	SECURITY NO.	Marca	mat C1	0 201-	23/.2	Fleet S	_	21221		
-	19.	20/16	V		CAUSE OF DEA		rer or	alk	2342	rieer 2	API	21231 PROXIMATE INTERVAL		
	1	100/									BETW	EEN ONSET AND DEATH		
		E OR CONDITION LEADING TO DEA												
	f	of mean the made			(A)IMMEDIATE	AS A CONSEC		ound	d of he	ead				
	heart foilure,	osihenlo, eic. It me aplication which cou	ons the diseose,		DUE 10, OK	AS A CONSEC	DENCE OF:							
	injury or con	ipiiconon winch coo	sed de oiii.)											
		NTECEDENT CAUS			(B)									
	DISEASES O	OR CONDITIONS,	IF ANY, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF	:						
7	I UNDERLYING CONDITION LAST													
ΙŌ		11			(0)222222									
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL													
世		CONDITION GIVE												
1 55	ZUA, DATE OF	OPERATION 208	. CONDITION	FOR W	HICH OPERATION W	AS PERFORM	(ED				21. AUTOPSY? (Yes or No)			
1											ves	ves		
∀		MAL CAUSE WAS		22B. PL	ACE OF INJURY (e.g. orm, foctory, street, offi	in or obout	2C. WHERE	DID	(il in Boltimor	e City, give exoc	t locotion)			
2		USE OF DEATH.			home		2342	Flee	et St.					
Σ	22D. TIME	(Month) (Doy)	(Yeor) (Hou	r) 22E	INJURY OCCURRED		2F. HOW D			JR?				
-		12-28-70	10:30 a	m. WH	RK NO	T WHILE WORK	shot	in	under	war re	MA	muer		
	23.			٦.										
		ify that I held o				topsy K				deoth in my				
	result	ed fram: Natura	l cayses	Acq	ident Sulci	de 📙 H	omicide _	1	<u>Undetermli</u>	red manner	N.			
		1018,11	XIIA	11			CHIEF MED	ICAL E	XAMINER			DATE SIGNED		
	SIGNATU	IRE CUITO	10 //		M.I	ASSI	STANT MED	ICAL E	XAMINER			DATE SIGNED		
	EXAMIN	FRIC	V.				CIATE MED	ICAL E	XAMINER					
24	NAME (T	ype) Werner	C U. SINI	_	M.D. De	puty Ch						9-70		
	MOVAL (Special		MIE	ZAC.	NAME OF CEMEIERY	or CKEMATO	JKT	24D, I	LOCATION	(City, town,	or county)	(Stote)		
L	Burial	12-	31-70	B	altimore Cer	n.		Ba1	timore	City, M	Id.			
25	A. DATE REC'D	BY HEALTH DEPT.	258. N	IAME O	F REGISTRAR	25C.	FUNERAL D	IRECTO	OR	AD	DRESS			
L	JAN 4	1971 Robe	SE Vad	Cay,	KA O O	2 4.	Fialk	owsk	i	2007 Eas	stern	Ave.		
VS	151-REV. 1/1/68	A 1 20	a 24	30										

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**DIRECTOR:** 

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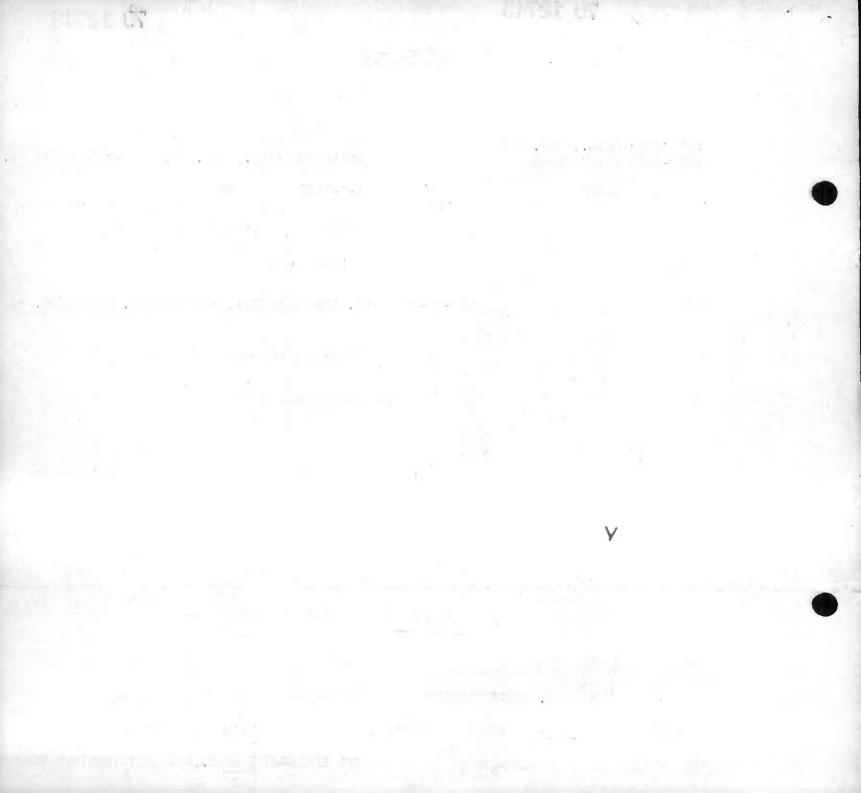
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Catonsville Md 21228

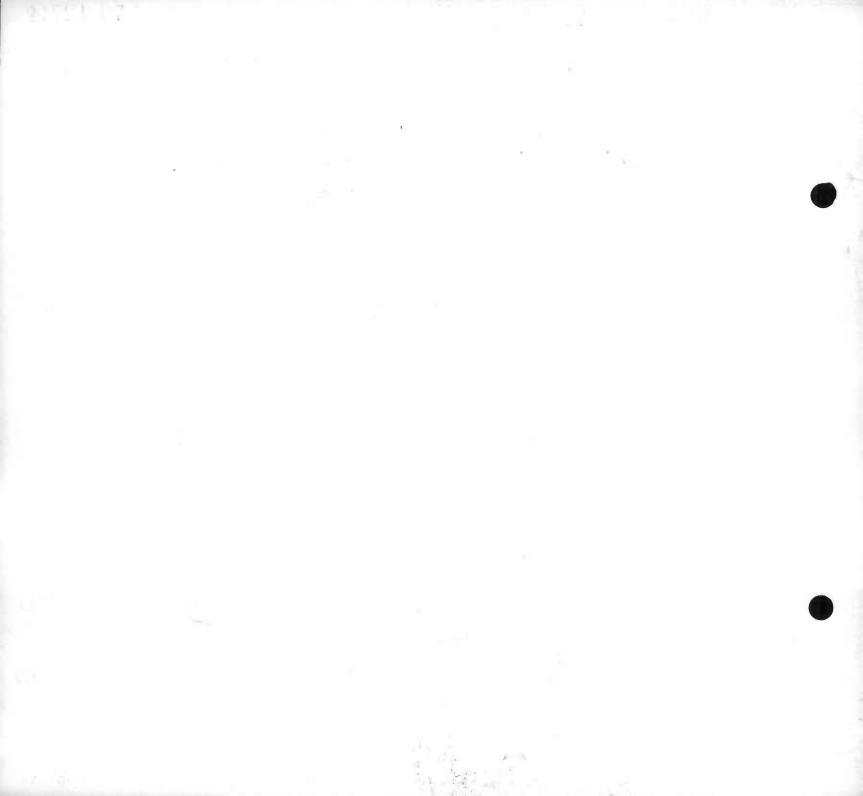
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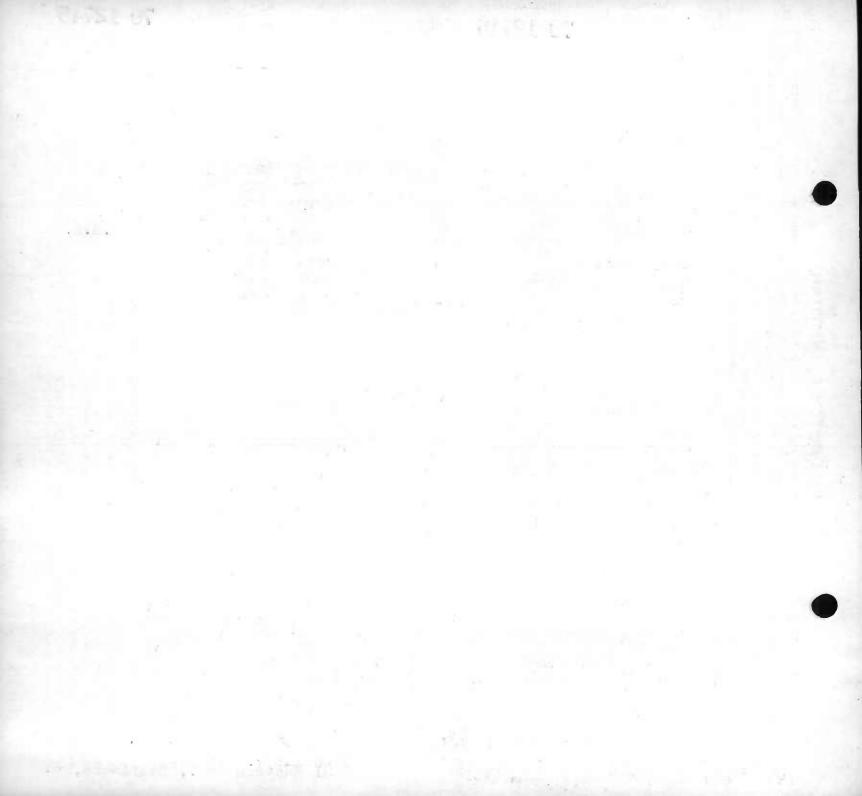
FUNERAL DIRECTOR: IMPORTANT

0 -20 70 12	BALTIMORE CITY	HEALTH DEPARTMENT		Mario de Carriero
-500	4 400 500	TE OF DEATH	REG. NO	70 12763
TRTH NO.	CERTITICA			
Type of Print) BER	TIE COHE,	4.1	and hour of DEATH	4 A. M
B. PLACE IN BALTIMORE, MARYLAND, WH		4. USUAL RESIDENCE (V	Where deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITA HOSPITAL OR ADDRESS OR LOCAT NSTITUTION	L OR INSTITUTION, GIVE STREET TION)	MARYLAND C. CITY OR TOWN		IDE CITY LIMITS?
None in the second seco		BALTIMORE		YES NO
ESPLANADE APTS., APT.	3 G	E. STREET AND NUMBE		30
2519-2525 EUTAW PLACE		ESPLANADE AP	TS., APT. 3G,	2519-2525 EUTAW PI
SEX 6. RACE	MARRIED NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (In years last bighday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FEMALE WHITE	WIDOWED DIVORCED	1-1-1875	95	
OA. USUAL OCCUPATION (Give kind of work I	OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12, CITIZEN OF WHAT COUNTRY
NONE	NONE	BALTIMORE, M	ARYLAND	USA
3. FATHER'S NAME	TOTAL	14. MOTHER'S MAIDEN		
ELEAZER COHEN		EMMA FRANK		
S. Was Deceased Ever in U. S. Armed Force	es?	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes	of services SECURITY NO.	• •	mant ass .	NAME DANK DEDG 4
NO A	216-46-3729		TZEL, 303 1st	NAT. BANK BLDG. #
18. 4. 36,7 17- 5	CAUSE OF DEAT	n		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	CTLY			
LEADING TO DEATH	CALIMMEDIATE CAL	A CONSEQUENCE OF:	woon orcent	el 48 hr
(This does not mean the mode of	dying, Q., QUE TO, OR AS	A CONSEQUENCE OF:	AND THE COLUMN TO THE PARTY OF	
heart failure, asthenia, etc. It means	me disease,			
injury ar camplication which caused				
ANTECEDENT CAUSES	and and	ninclarous		
DISEASES OR CONDITIONS, if .	ny, giving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) stoting the			
UNDERLYING CONDITION last.	(c)			
	- in 3			
O OTHER SIGNIFICANT CONDITIONS CON		Time 1 inches		i neorth
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	1 (A).	and peny	2	1 1007001
19A. DATE OF OPERATION 19B. COND		20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	is at about 21 C WHERE DIE	) (If in Rollima	re City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	HERO HIND INTURY OCCUR	17	
DEATH (notify medical examiner)	etc.) James	2519-0	1525 Eulaw INJURY OCCUR?	- Flace
OF INJURY (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX)	While At Not While Work At Work	ex ful a	of home	
				10 - 2 (- 107
22. I certify that (I) (this hospital)	N 2 11/			Dr 2 6 1970
that (I) (we) last saw the deceased	alive on	19 <u>7</u> O and	that in (my) ( <del>aus) o</del> pi	inian death accurred an the date
and haur and fram the causes state	ed abave. (1) (We) (did) (did not)	view the bady after dea	th.	
23A. SIGNATURE				23B, DATE SIGNED
21.14000	Ph.	ending Med.	Staff Phys.	12-2-6-70
23C. PHYSICIAN'S	DE GREE	23D. ADDRESS	^ · · · · · · · · · · · · · · · · · · ·	
NAME (Type)	GUNDERSHEIMER	Densle (	Made	Cock
	DEGREE		Journe	CASO
PAA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 12-28-76	24C. NAME of CEMETERY OF CR			ity, town, or county) (State)
		area in	BALTIMORE, MAR	
25A. DATE REC'D BY HEALTH DEPT.	SE MAME DE AEGUTRAR	25C) FUNERAL DIREC	TO! PROG COST	O REISTERSTOWN ROAD
IAN A TOTT WAS FEW	ALLENS AND THE REAL PROPERTY AND THE PERTY A	SOL LEVINSON	6 BROS., 6010	REISTERSTOWN ROAD
/S 150-REV, 1/1/68				
	ALCO DE MANAGEMENT DE LA CONTRACTOR DE L			



<		1000	Die A	BALTIMORE CITY	HEALTH DEPARTMENT		· 17()	12744			
	) - 35 C		2744		TE OF DEATH	REG. NO.	70	15/44			
	Pe or Print)		-74	Τ		D HOUR OF DEATH		1			
1		IMMONS, W		50 -5110		30/70		10:45 A			
FU	LL NAME OF	(IF NOT IN HOSPIT, ADDRESS OR LOCA			4. USUAL RESIDENCE (When A. STATE B. COUN Maryland	re deceased lived, If in	stitution; residenc	e before admission			
İÑ	OSPITAL OR STITUTION				C. CITY OR TOWN	D. INSI	DE CITY LIMITS?				
J.:	CEN	THRY HOME	, Inc		Balto		YES 🛣	NO 🗌			
7		N. Paca S to Ma 212	-		E. STREET AND NUMBER	A		407			
5. 5	SEX 6.	RACE	2	Marian Marian	1310 Edmon	9. AGE (In years					
i	Male	Negro	WIDOWED	NEVER MARRIED DIVORCED	6/23/82	lost birthdoyl	If Under 1 Yr. Months Doys	If Under 24 Hrs Hours Min.			
104	USUAL OCCUPA	TION (Give kind of work king life, even if retired)	108 KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lorei	gn country)	12. CITIZEN O	FWHAT COUNTR			
uon	RETIRED	ring me, even il tellied)			NODWII GIDO	\ <del></del>					
13.	FATHER'S NAME				NORTH CARC		J U S	A			
		7 0722201			14. MOTHER'S MAIDEN NAM	N.E.					
	MARTIN				LEAH						
15. (Yes	Wes Decesed Ev	er in U. S. Armed Ford yes, give wor or dote:	es?   16.	SOCIAL	17. INFORMANT		ADDI	RESS			
	The second of the	1 Are mot of cole		SECURITY NO.	MRS HAXIE WIL	T.TAMS 21					
_	18.		2		)	ELETATIO, ZI					
	4-1 N	OR CONDITION DIR	ECTLY	CAUSE OF DEATH	M	``		OXIMATE INTERVAL N ONSET AND DEATH			
Н	LEADING TO DEATH  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE										
	(This does not	mean the made of	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:						
	injury or camplic	henia, etc. II means	the disease,	0	1 00 4	east Tai	Quarte				
		ECEDENT CAUSES	a o o ni i	Com	esone !						
				(B) Carc	undert	- CUI	41				
	DISEASES OR	CONDITIONS, if abave cause (A)	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	O 1 1					
	UNDERLYING C	ONDITION lost	alving ine	10 (ren 1	- Cerebral	arteurs	clean				
	\\/\-\dagger_\-\										
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
Ĕ	TO THE DEATH B	UT NOT RELATED TO TH	E TERMINAL	***************************************							
Š	19A. DATE OF OP	ERATION 198 CONT	OTTON FOR WHIC	H OPERATION	20 A. AUTOPSY? (Yes or No)	208 IF YES WERE	INDINGS CONS	IDERED			
RTIF	0	WAS PERF	ORMED			208. IF YES, WERE FIN CERTIFYING CAU	ISES OF DEATH	?			
CAL	DEATH (notily me	WAS UNDERLYINO	218. PLA home, lo etc.)	CE OF INJURY (e.g., in irm, loctory, street, off	or obout 21C, WHERE DID ice bidg., INJURY OCCUR?	(II In Boltimore	City, give exoct	locotion)			
ш I	21 D. TIME (M	onth) (Day) (Year)	(Hour 21E, INJ	URY OCCURRED	21F. HOW DID INJU	JRY OCCUR?					
8	(APPROX.)		While A		П						
	20 1	. (1) (.) (	Work	At Work		1 10	_				
		t (I) (this hospital)		) - E/ M		96) 10 alec	- 30	19 6			
	that (I) (we) los	t saw the deceased	dalive an	ter 50	1970and tha	t in (my) for opin	lan deoth occu	urred an the date			
	and have and fre	am the causes state	ed above. (I) (W	(did not) vi	ew the bady after deoth.						
	23A. SIGNATURE				and deaths		23B. DATE SIGN	ED :			
	luce	and Cl	jeye	el Atten	ding Med.	Staff Phys.	12/	30/00			
	23C. PHYSICIAN'S NAME (Type)	and Dx	onle Ce	12	DO. ADDRESS	interest	1	15			
24A	BURIAL CREMA	TION, 248. DATE	24C. NAME	OI CEMETERY OF CRE	MATORY 24D. LO	CATION		1 (5)			
	REMOVAL (Spec	ily) 7 /1 /277	7.0			CATION (City	, town, or county	y) (Stote)			
	Buraal	1/4//1	Mt	Calvary Ce	metry Ap	A County	- $MD$				
25 A	DATE REC'D BY	HEALTH DEPT.	258. NAME OF RE	GISTRAR"	25C FUNERAL DIRECTOR			DRESS			
	IAN 4 18	78 Robert E	Jaben M.	2	Adolphus Ha	alstead 12	06 W N	Vorth Ave			
12	50-REV. 1/1/68		-	W 1.							





I	R-622 70 12746 BALTIMORE CITY	HEALTH DEPARTMENT					
1	CERTIFICA	TE OF DEATH REG. No. 70 12746					
111-	BIRTH NO.  NAME OF DECEASED						
	Type or Print) MR. WALTER E. BRZOZOWS	- 101/11 - 11.M					
T	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whore decoased fived. If institution: residence before admission)					
Ш	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	MARYLAND.  C. CITY OR TOWN  D. INSIDE CITY LIMITS?					
1	CHURLH HOME & HOSPITAL	BALTIMORE YES NOT					
۳	BALTIMORE, MARYLAND 2/231	E. STREET AND NUMBER  8038 WALLACE RD 5300					
5	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr If Under 24 Hrs.					
-	Male White WIDOWED DIVORCED DO OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	2/13/25 45 100.					
d	one during most of working life, even if retired) 1	~~					
	Storeroom Clerk Steel	MD. U.S.A.					
11,	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
1	JOSEPH BRZOZOWSKI	FRANCES NOWA KOWSKI					
0	5. Was Deceased Ever in U. S. Armed Farces?  (es, no or unknown) (II yes, give wer or dates af service)   16. SOCIAL   SECURITY NO.	17. INFORMANT ADDRESS					
	Yes World War II 213-20-3494	EDWARD BRZOZOWSKI 3409 HUDSON ST					
r	18, 24 3 / CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY	SUBARACHNOID HEMORRHAGE.					
ı	LEADING TO DEATH  (This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAU	5E					
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:					
Ш		PERTENSION.					
ı	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:					
1	ise to the above cause (A) staling the UNDERLYING CONDITION last. (C)						
⊪.	11						
H	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
II	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	***************************************					
	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION WAS PERFORMED  21A ACCIDENT WAS UNDERLYING 1218 PLACE OF INJURY (or 12	20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	OR CONTRIBUTING CAUSE OF home, factory, street, of etc.)	n ar obout 21 C. WHERE DID (If in Boltimore City, give exect location) lice bidg., INJURY OCCUR?					
	21D-TIME (Manth! (Doy) (Year) (Haur) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?					
113	(APPROX.) While At Not While At Work						
	22. I certify that (1) (this hospital) attended the deceased from	12/27 19 70 to 12/29 1970.					
	that (i) (we) last saw the deceased alive on 12/2	9 19 70 and that in(my) (our) apinian death occurred an the date					
	and have and from the causes stated above. (1) (We) (did) (did not) vi	•					
	23A. SIGNATURE A-C. Chambelit, M. D. AHOI	ading Med. Shaff M 12/20/50					
	DECERT Phys	Director Phys.					
	NAME LIYPER A.C. CHOUVALIT, M.D.	CHURCH HOME & HOSPITAL BALTIMORE, MARYLAND 21231					
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE						
	Burial 12-31-70 Bultimore Nat	ional Cem. Baltimore, Md.					
2	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C-FUNFERL DIRECTOR?					
	JAN 4 1971 Robert & Jaben M. A.	Nicholassi Matthews 3021 Eastern Ave. Baltimore, Md.					
V	S 150-REV. 1/1/68						

I-600	7	0 12			BALTIMORE CITY HE					70 1	2787
BIRTH NC.		MEL	ICAL	LEX	AMINER'S	CERTIFIE	CATEO	F DEAT	H REG. N	0. 10 1	Aug 1 3 1
1. NAME OF DE	CEASED	ERNEST	' E. 1	FORF		2. DATE OF	Knawn   Estimated	Month	Day	Year	Hnur
4. PLACE IN BA	LTIMORE, MA					DEATH 3. DATE	Estimated L	Month	Doy	Year	Hour
FULL NAME OF	(IF NO	TIN HOSPITA	AL OR INS	TITUTIO	N, GIVE STREET	PRONO	UNCED DEAD	12	25	1970	5:50 a
OR INSTITUTION	1260 Washington Blvd.						ESIDENCE (Who	ere deceased l		tion: residence b	pefore odmission)
6. SEX	0								D. INSIDE	CITY LIMITS?	
male white WIDOWED DIVORCED					Ва	alto.			YES 🖾 N	NO 🗆	
9. DATE OF BIRT	H	IO. AGE (In	years	If Unc	ler I Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER			163 🗀	40 <u> </u>
AUG.14-	1915	last birthdo	55	Monin	s Days Hours Min.	126	00 Washir	ngton B	lvd.	7	07
II. BIRTHPLACE	State or foreig	n country)			TIZEN OF	13. FATHER				-	-
UNIONS.	CARO	INA		W	HAT COUNTRY?	1 01	YKNOV	VN			
14A.USUAL OCCL	JPATION (Giv	e kind of work	14B. KINE	OF B	USINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN N	AME	1		
BAKE			HH	GE	L'S	5	JBAN -	· Un	KNOW	N	
16. WAS DECEAS					7. SOCIAL SECURITY NO.	IB. INFORM	AANT _		1	ADDRESS	
No		NE			248-10-6974	4MER	E TURE	-1260	WASH	1. B 1 V	d.
19.4	2,4				CAUSE OF DEA	TH	- 1-11				PROXIMATE INTERVA EEN ONSET AND DE
DISEAS	E OR COND		CTLY		Arterios	clerotio	cardio	ascula	r disea		
(This does r	nol meon the	made of dy	Ing, e.g.,		(A)IMMEDIATE	CAUSE AS A CONSEQ	HENCE OF				
hearl lailure	, osthenio, etc mplication which	. It means the ch coused dec	disease,		DOL 10, 0K	AS A CONSEQ	OLINCE OIL				
	ALTECED EAST	CANCEC									
DISEASES	OR CONDITION	ONS, IF ANY	, GIVING		(B)	AS A CONSEC	QUENCE OF:				
UNDERLY!	E ABOVE CAL	USE (A) STAT	ING THE								
8					(c)						
O THE DE	NIFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL	CHICAGO DE BANDON CONTROL CONT						
20A. DATE O					HICH OPERATION W	AS PERFORM	ED			21. AUTOF	PSY? (Yes ar Na)
O										no	
V 22A. EXTER UNDERLYING UTING □ CA		TRIB-		22B. PL home,	ACE OF INJURY(e.g., farm, factory, street, affic	in or about 2 e bidg., etc.) If	2C. WHERE DIE NJURY OCCUR	(if in Boltimo	re City, give		
≥ 22D. TIME		oy) (Year	) (Hou	r) 22E	INJURY OCCURRED	2	2F. HOW DID I	NJURY OCC	UR?		
OF INJURY (APPROX.)				m. WH		WHILE D					
23.				m.j we	AI V	ORK					
1 cert	tify that I h	eld on li	nquiry [	] _	Inspection X Au	topsy 🗌	and that on	this basis,	death in m	y opinion	
resul	ted from: N	atural cau	ses 🛚	Ace	oldent Sulcla	le 🗌 Ho	micide .	Undetermi	ned manne	, 🗆	
ACTUAL		/ /	1	1	AX	(	HIEF MEDICAL	EXAMINER			DATE SIGNED
SIGNAT		1	Mul	Male	MAD THIS	ASSIS	STANT MEDICAL	EXAMINER	E		DATE SIGNED
EXAMIN		Laidor	e Mil	nala	kis, M.D.	ASSO	CIATE MEDICAL	EXAMINER		12.	-25-70
NAME (1		48. DATE	- 1111		NAME of CEMETERY	or CDEMATO	DV Inte	, LOCATION	ICu.		
REMOVAL (Speci		1 -	In	0	1. 11.		241	T	(), 10	own, or county)	(Stote)
BURIA	PV HEALTH	2/29	170	5	IEN HAVE	100	17. R.	1/chi=	· HIGHWA	-Y GIENT	ORNIE YO
THE	BY HEALTH	00	25B. N	IAME C	A B B	25C. F	UNERAL DIREC	TOR	SPI	ADDRESS	COT
JAN	4 117	Children H	Page 8	CLOS SE	460	MR	AU 37:	1/4/10	NUI	MARIE	2 71.

WIST FL

MEDICAL	EY A MAINTED'S	CERTIFICATE	OF	DEATH
MEDICAL	EXAMINEK 3	CEKTIFICATE	Or	DEATH.

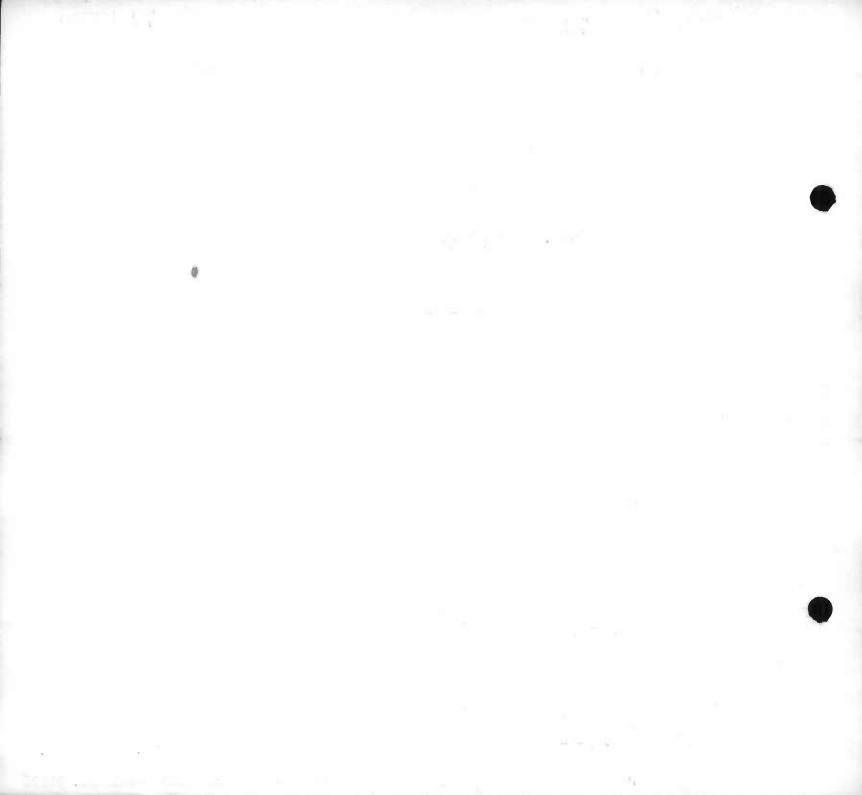
			MED	ICAL	LX.	AMINER'S		EKTIFI	CATEO	r Dt	AIL	REG. NO.			
BI	RTH NO.											REG. NO.			
	1. NAME OF DECEASED							2. DATE	Known 🔯	Mon	th	Doy	Year	Hour	
(Ту	pe or Print)		Thorto	n T	roy	er		OF DEATH	Estimoted [						44
4	PLACE IN BALT	TIMORE, MA	RYLAND, W	HERE PRO	NOU	NCED DEAD		3. DATE		Mont	th	Dov	Year	Hour	М.
	L NAME OF					N, GIVE STREET			JNCED DEAD			•		1.10	
HC	SPITAL	ADDRE	SS OR LOCAT	ION)		, or the tracer				12		28	70	4:40	Р м.
OR	OR INSTITUTION						5. USUAL R A. STATE	ESIDENCE (Who	ere decea		d. If Institution	n: residence	before odmi	ssion)	
		Mercy	Hospit	al				A. SIAIE	Maryla	nd		. 0001411			
6.	SEX	7. RACE		8. MADDIO	en 🗍	NEVER MARRIED	KI	C. CITY OR	TOWN			D. INSIDE C	ITY LIMITS?		
	male	white							Baltin	mara					
			HO ACE /I-	WIDOW		DIVORCED		C CYDECT	ND NUMBER	HOLE		Y	ES X	ио Ц	
ν.	DATE OF BIRTH	0.0	lost birthdoy	1		er 1 Yr. II Under 24 I 1 Doys   Hours   A		E. SIREEL					7	AC	1
	3-1-1	717		53					216	St.	Sha	rp St.	- Comprise	6	1
11.	BIRTHPLACE (S	tote or foreig	n country)	1		IZEN OF		13. FATHER	SNAME						
	PE	NN	PA.		WF	IAT COUNTRY?			UNKMO	WA	,				
144	USUAL OCCU	PATION (GM	kind of work	48. KIND	OF BU	SINESS OR INDU	STRY	15. MOTHE		AME	1				
dor	eduring most of w	arking life, ev	en ffrelired)	0	1	1.1.1			V						
	RUCK	DRIV		LANI		N WAREhol	USE			WH			DDDFCC		
16. (Ye	WAS DECEASE , no or unknown)	ED EVER IN	u.S. ARMED	FORCES?	ין	7. SOCIAL SECURITY NO.		18. INFOR	MANI	1 .		A	DDRESS	BA	LIO
	VES	W. W						MARTI	NIBIE	d L-1	216	S. Sha	IRP S	T. M	d.
	19.	1.1				CAUSE OF I	DEAT						A	PPROXIMATE II	
	0/	1101											10514	VEEN ONSET	AND DEATH
		E OR COND		TLY				TI-				E 13			
		LEADING TO of mean the				(A)IMMEDIA	ATE C	7000	tty alte	ratio	0 110	I live	L .		
	heart foilure,	osthenio, etc.	. It meons the	disease,		DUE 10,	OR A	S A CONSEC	UENCE OF:						
	Injury or con	aplication which	h coused deo	th.)											
	AA	NTECEDENT	CALISES			10)									
				GIVING		(B) DUE TO,	OR /	AS A CONSE	QUENCE OF:						
	RISE TO THE	OR CONDITION  ABOVE CAN  G CONDITION	USE (A) STAT	ING THE											
Z	ONDEKTIII	O CONDIII	ON LASI.			(c)									<del></del>
	17-10-1		f1												
10	OTHER SIGN	IIFICANT CON	IDITIONS CO	ONTRIBUTI	NG										
		CONDITION			100	-									
CERTIFICATION	20A. DATE OF	OPERATION	1 208. CON	IDITION F	OR W	HICH OPERATION	AW P	S PERFORA	NED				21. AUTO	OPSY? (Yes	or No)
ប	21												ve	S	
1	22A. EXTER	NAL CAUSE	WAS	12	2R. DI	ACE OF INJURY	0.0	In or about 5	2C WHERE DIE	O (H in Ro	altimore	City alve ex			
MEDIC	UNDERLYING					arm, factory, street,					211111010	City, give an	act rousilony		
	UTING CA														
≥	OF INJURY	(Month) (C	ay) (Year	) (Havr)		INJURY OCCURR			2F. HOW DID	NJURY	occui	R?			
	(APPROX.)				m. WH		TON AT W	WHILE							
	23.				11.		AI 11	J.K. 2.3 [							
	1 cert	Ify tho#1 h	eld on I	ngulry [		Inspection .	Aut	lopsy X	and that on	this bo	asis, d	leath in my	opinion		
1		ted from; N		87	-		ılcıd		omicide 🔲	Hadas	40mla	ed manner	П		
	resum	rea trom; iv	An cou	77	ACC	Haenri	) Cla		100		P	ed manner			
1	ACTUAL	11/1/1	CLIIN	100/	11				CHIEF MEDICA			=		DATE SIG	NED
1	SIGNATI	2 2/ 2/ 2	71/10/1	IYI	-		M.D.	ASS	STANT MEDICA	L EXAMI	NER L				
	EXAMIN			X	-				CIATE MEDICA						
	NAME (T		rner U.	Spl		M.D.			hief Med			miner	1	2/29/7	0
24	A. BURIAL CRE	MATION,	48. DATE	1	24C.	NAME of CEMET	ERY	or CREMATO	ORY 24	D. LOCA	NOIL	(City, tow	rn, or county	) (Ste	ote)
	MOVAL (Special	ty)	inla	120	C	le 11 Have		(	T-0.0	Tal	: - 1	tiol .	11/1-	1	NIJ
6		BY 44E 44E	14/00	110	U	EN MAYE	M	LEME	IFEYIL	116h	151	TIGHW	41-6-120	DURNI	, la .
25	A. DATE REC'D	BA HEALTH	- 1	1 1 mm	-	F REGISTRAR	0	25C.	FUNERAL DIREC	IOR	1	.1	ADDRESS	0. 1	6
1	IAN A	4 1071	Robert	E Va	does	468	1	· Ko	41137 18	NER	1+11	HAMF -	1211.51	harl	ES S
11 _	AUIT .	427			ned a				10-10	11-1		10.76	716 00 0	TIPIN (	
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**DIRECTOR:** 

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	V.1611			BALTIMORE CITY	HEALTH DEPARTMENT		70 12752			
17	TH NO.	70	12752	CERTIFICA	TE OF DEATH	REG. NO	10			
1,1	NAME OF DECE					AND HOUR OF DEATH				
(,,	rpe or Print)	EDNA	B #	KEIL		cember 29, 19	70			
3.	PLACE IN BALT	MORE MARYLAND, W	HERE PRONOU!	NCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence before admission)			
FL	JLL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUT	TON. GIVE STREET	Maryland	2411				
IN	OSPITAL OR	ADDRESS OR LOCA	ATIONI		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?			
Æ.					Baltimore		YES NO			
1		2614 St. Ben		reet	E. STREET AND NUMBER		200			
-		Baltimore, M			2614 St. Bene	edict Street	2005			
		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
	emale	White	WIDOWED		12-23-1905	65				
dor	N. USUAL OCCU  To during most of w	PATION (Give kind of work orking life, even if relired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE ISiale of fo	reign countryl	12. CITIZEN OF WHAT COUNTRY?			
C	1erk		Retail C	redit Bureau	Maryland		11 #C #A #			
13.	FATHER'S NAM	Æ		T Darona	14. MOTHER'S MAIDEN N	AME	U S A			
	Le	ouis Heintz	7		Carolin	0 101				
15.	Wos Deceased	Ever in II. S Armed For	0007	6. SOCIAL	Caroline	e apper	2238DDA			
и .		(If yes, give war or date	- 1	SECURITY NO.	Mr. George Ser	mnelog 501 V				
-	No	× 0.		212-22-7279 CAUSE OF DEATH		ilpetes, Jul K				
	7/	OR CONDITION DIS	TOTI V	CAUSE OF DEATH	11 1		SETWEEN ONSET AND GEATH			
		EADING TO DEATH	(ECILI		- Dodenia	· Partiz	Tona			
	(This does no	I mean the made of	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:	a cena	Soft Soft			
	injury at camp	Isthenia, etc. It means lication which caused	the disease, death.)	A	9	racione	-			
	A	NTECEDENT CAUSES		gen	engline 1	Drdennes. 1				
	DISEASES OF	CONDITIONS, if	ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	~ cccore	******************************			
	rise to the above cause (A) stating the UNDERLYING CONDITION last.									
	UNDERLING CONDITION lost. (C)									
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Promb. arthura									
15	TO THE DEATH	BUT NOT RELATED TO TH	IE TERMINAL	mon	ch. arthu	nas				
CERTIFICATION	19A-DATE OF	NDITION GIVEN IN PART	DITION FOR WH	IICH OPERATION	20A. AUTOPSY? IYes or I	No. 208 IF YES WERE F	INDINGS CONSIDERED			
RTI	0	WAS PERF	ORMED			IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?			
	21 A. ACCIDENT	WAS UNDERLYING	21 B, PI	ACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimore	City, give exact location)			
정	DEATH (notify r	nedical examined	etc.)	tom, tociary, sirest, git	ice bldg., INJURY OCCUR?					
MEDICAL	21 D. TIME	Monthi (Dayl (Yearl	(Hour) 21 & II	NJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?				
Z	OF INJURY (APPROX.)		While			4.				
	22 1 constitue	hat (I) (this hospital)	Work	At Work	marel	- pll	')			
				deceased from	o areasco	_19 <i>(2</i>	1920			
		ast saw the decease		My 0			nian death occurred an the date			
	and haur and from the causes stated abave. (I) (We) (did) (did nat) view the bady after death.									
		0 (9		1 8400	ding Med.	6 M ===	23R DATE SIGNED			
	220 2112	mon &	ma	When GEGREE Phys.	ding Med.	Phys.	12/30.70			
	23C. PHYSICIAN	el		2	3D. ADDRESS		/			
		Justin	Kudirka	DEGREE	2151 Wilkens	Avenue, Balt	imore, Md.			
24A	REMOVAL (Sp	ATION, 248. DATE	24C.NAM	TE of CEMETERY OF CRE			y, town, or county! (State)			
B	Buria1	1-2-197		on Park Cemet	ery Ba1	timore, Mary	land			
25A	DATE REC'D	HEALTH PERT	A VALUE	REGISTAR	25C BUNERAL DIRECTO		ADDRESS			
	ANN 4	ISA! ARTOSTE	C" ASCEDEN			No. of Contract of	ilkens Ave. 21229			
VS	150-REV. 1/1/68									

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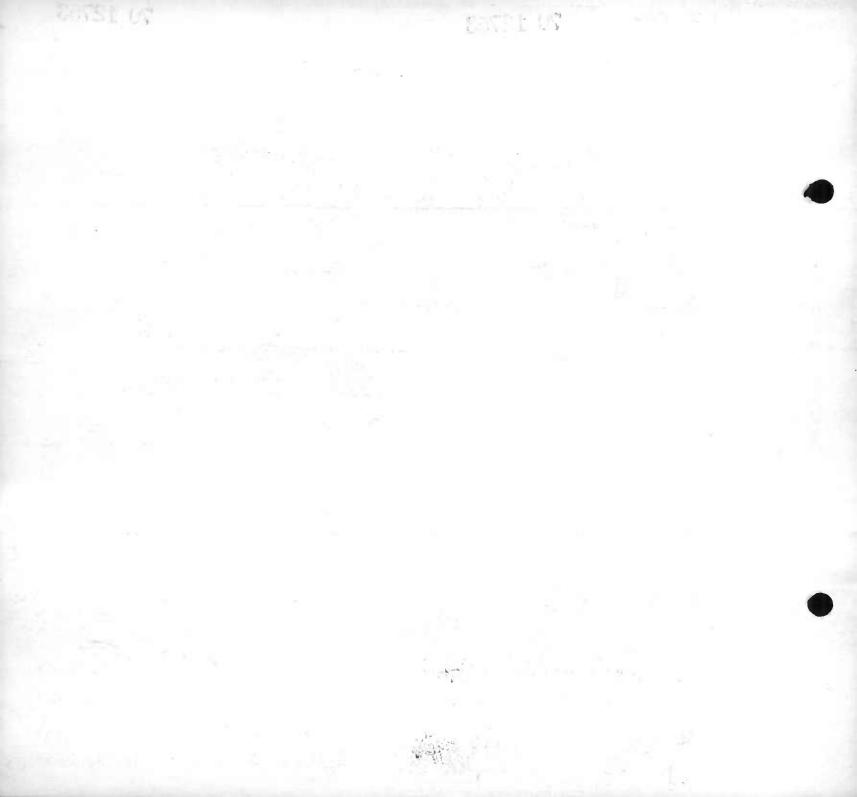
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FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



12/29/70

(State)

24D. LOCATION (City, town, or county)

ADDRESS Singleton Funeral Home

Glen Burnie, Md.

Kingsport.

25C FUNERAL DIRECTOR

Werner U. Spitz,

Jan.

M.D.

258 NAME OF REGISTRAR

24C. NAME of CEMETERY or CREMATORY

Oak Hill Cemetery

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION.

REMOVAL (Specify) Burial

VS 151-REV. 1/1/68

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		h = 00 70 10	BALTIMORE CIT	HEALTH DEPARTMENT	100	A DESCH			
- 1	1	9.520 70 12	CERTIFICA	TE OF DEATH	REG. NO.	12755			
	_	TH NO.	CERTIFICA	CIL OI DEATH					
		AME OF DECEASED	0	2.DATE AND	HOUR OF DEATH				
		VIRGINIA		DEC.	29-1970	1025AM			
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UN CED DEAD	4. USUAL RESIDENCE (Where	deceased lived. Il institution:	residence before odmission)			
Ì	FU	LL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	MU					
	IN:	TITUTION		C. CITY OR TOWN	D. INSIDE CITY	LIMITS?			
1				1SALTIMON	YES	NO			
/ 1		elela Magieri	1 50-	E. STREET AND NUMBER	11	0 011 53			
	_	44 N. MORLEY			C.EY JA	2041			
	5. S	MARI	RIED NEVER MARRIED	1 // // 02	AGE (In years II Und the birthday) Months	er 1 Yr. II Under 24 Hrs.			
	1	WIDON		10011 11-1870	80				
		USUAL OCCUPATION (Give kind of work 10B, KIN)  duping most of working life, even if retired)	11	11. BIRTHPLACE (Stote ar foreign	country) 12. CIT	IZEN OF WHAT COUNTRY?			
	£	LOUSOWIFE RY	Homb	BALTIMORE	MD	15R-			
	13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME					
		William F. BURI	0511	CHARLOTTE	SACKSON				
	15. \ (Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor at dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS C. L			
		NO	SECONIII NO.	EdiTH Kolu	ANDS YYNI	JORLOY VA			
H		18. 22 3/ 7	CAUSE OF DEAT			APPROXIMATE INTERVAL			
		DISEASE OR CONDITION DIRECTLY		0 0		BETWEEN ONSET AND DEATH			
		LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Probable Celebra	al Vasalax Accident	Immediate			
	heort toilure, asthania, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  (B) Arterio sclenatiz Ascular Disease Many								
		DISEASES OR CONDITIONS, if any, gi	***********************						
		rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)						
		П	(-/						
	No	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG						
	E	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	ial	**************		*****************************			
	띮	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE FINDINGS N CERTIFYING CAUSES OF	CONSIDERED			
	CERTIFICA	WAS PERFORMED		"	N CERTIFYING CAUSES OF	DEATH?			
		21 A. ACCIDENT WAS UNDERLYING OF	21 B. PLACE OF INJURY (e.g., i hame, form, factory, street, of	n or obout 21 C. WHERE DID	(If In Boltimare City, giv	re exoct locotion)			
	3	DEATH (notify medical examiner)	elc.)	and one of the contract of the					
1	w I	21D-TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21E INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?				
	> I	(APPROX.)	While At Work Not While Work						
		22. I certify that (I) (this hospital) ottende		10	2- /- /	1.5			
	- 1	that (1) (we) lost sow the deceased alive	0	0 -	70 to Recember				
	- 1				n(my) (our) apinian deo	th accurred on the date			
		and hour and from the causes stated above	e. (1) (HE) (Hd) (did nat) v	lew the body after death.					
- N	ı	23A. SIGNATURE	M.O	- It- com to the company		TE SIGNED			
i ñ		Foset A- Adler	DEGREE Phys	nding Med. State. Director Phy	12/	29/70			
	1	NAME (Type) Robert A. Adl	20	23D. ADDRESS	//				
		NAME (Type) Robert A. Adl		JOHNS HOPKIN	s HOSPITAL				
	24A	BURIAL CREMATION, 248 DATE 246 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCA	ATION (City, town, o	or county) (Stote)			
	J.	monde 1/2/11 /1	DAK GROUS	Bank En	coo Co UR				
4	25A	DATE REC'D BY HEALTH DEPT. 25B. NAM	ME OF REGISTRAR	250 FUNERAL DIRECTOR		ADDRESS			
		1881 A 46795 D.C. 0.D.	Jabon, M.D.	6	Houses 1387	GIEMENST			
Щ	/S 1	50-REV. 171/68		ONE CONTRACTOR	The court of	1			



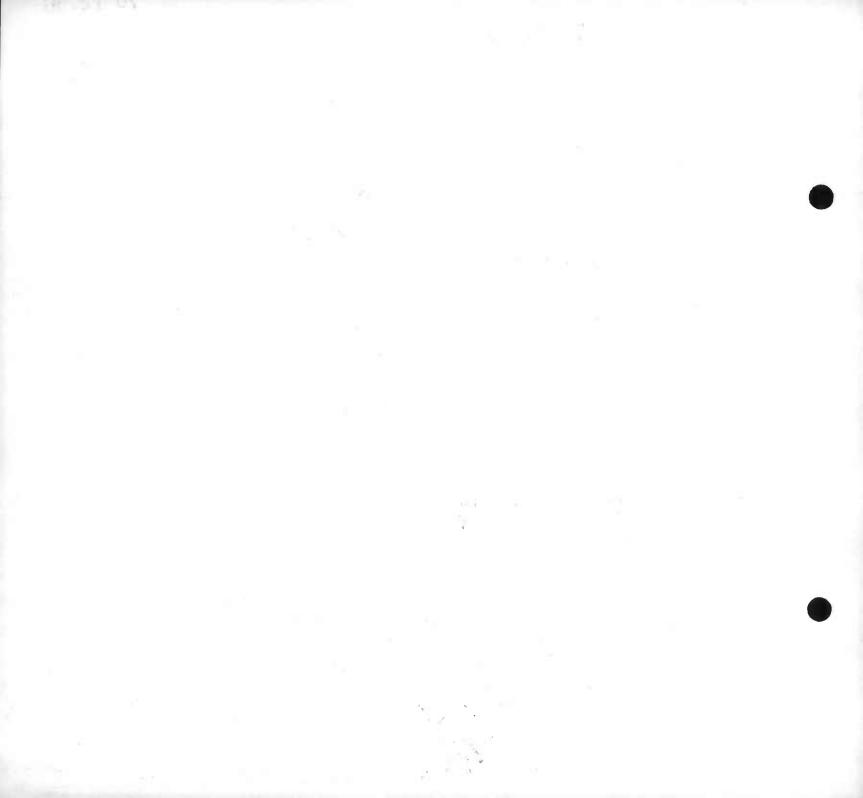
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES X NO E. STREET AND NUMBER W. FRANKLIN ST 5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yt. If Under 24 Hrs. lost bigthdoy WIDOWED DIVORCED [ 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 111. BIRTHP 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Henomarean 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Farcas? (Yas, no ar unknown) (if yes, give war or datas of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Blane 300 & AVCHENTURICL 18. 2 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, osthenio, etc. Il meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost п CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bidg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined) 21D. TIME (Dayl (Year) (Hous 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) lost saw the deceased alive on O and that in (my) (our) apinion death accurred on the date and have and from the couses stated obove. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending F Med.

23C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION, REMOVAL (Specify) 24B, DATE 24D. LOCATION (City, lown, or county) HEALTH DEPT 25C FUNERAL DIRECTOR VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

		K-613 70 12757 BALTIMORE CIT	Y HEALTH DEPARTMENT 70 12757					
	7	CERTIFICA	ATE OF DEATH REG. NO.					
	1,1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
	(Ту:	Pe or Print) OWEN KRAFT	12/29/10 17:30 A.					
	3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where Receosed Wed, If institution: residence before admission)					
	FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	ma Balle					
7	IN:	STITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
H	2	Smai Hop	E. STREET AND NUMBER					
0			100 Church Lone 5300					
E CO	5. 5	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years if Under 1 Ye., If Under 24 Hrs., Months; Doys Hours; Min.					
2	10A	. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY	1 1. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
disposition	don	e during most of working life, even if retired)	P 0 0					
2517	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
s p		500 a 0	< 0					
	15.	Was Deceased Ever In U. S. Armed Forces?  , no or unknown) [di yes, giva wor or doles of service]  SECURITY NO.	17. INFORMANT ADDRESS					
Bull	(16;	security No.	111					
10		18. CAUSE OF DEAT	H APPROXIMATE INTERVAL					
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH					
E		USE Hunt myound'd infantion days						
Belling		(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:					
E		ANTECEDENT CAUSES	SCI/D Real					
9			A CONSEQUENCE OF:					
5		rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)						
0	_	II						
remains	CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
9	ICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED					
	ERTI	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?					
	_	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	n or obout 21 C. WHERE DID (If In Boltimore City, give exect location)					
	2	DEATH (notify medical examine) etc.)  21D-TIME (Month) (Day) (Year (Houd 21E INJURY OCCURRED						
		21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?					
		Work Al Work						
0		22. I certify that ∰ (this hospital) attended the deceased from that ∰ (we) last saw the deceased alive on 12/29	19 70 to 2 2 9 19 76  19 70 ond that in (my) ( opinion death occurred on the date					
2	- 1	and haur and from the couses stated abave. (We) (did) (did)						
must		23A. SIGNATURE	23 B. DATE SIGNED					
		OFCOSE Phys	anding Med. Staff Phys. B /2/29/70					
2		NAME Livet -	23D. ADDRESS					
approad	24A	BARBEDO M.D., DEGREE  BURIAL CREMATION, 24B. DATE   24C. NAME of CEMPTERY OF CRE  BURIAL CREMATION, 24B. DATE   24C. NAME of CEMPTERY OF CRE  BURIAL CREMATION, 24B. DATE   24C. NAME of CEMPTERY OF CRE  BURIAL CREMATION, 24B. DATE   24C. NAME of CEMPTERY OF CRE  BURIAL CREMATION, 24B. DATE   24C. NAME of CEMPTERY OF CRE  BURIAL CREMATION, 24B. DATE   24C. NAME of CEMPTERY OF CRE  BURIAL CREMATION, 24B. DATE   24C. NAME of CEMPTERY OF CRE  BURIAL CREMATION, 24B. DATE   24C. NAME of CEMPTERY OF CRE  BURIAL CREMATION, 24B. DATE   24C. NAME of CEMPTERY OF CREMATION, 24C. NAME of CEMPTERY OF CREMATION, 24C. NAME OF CEMPTERY OF CREMATION, 24C. NAME OF CEMPTERY OF CREMATION, 24C. NAME OF CEMPTERY OF CREMATION, 24C. NAME OF CEMPTERY OF CREMATION, 24C. NAME OF CEMPTERY OF CREMATION, 24C. NAME OF CEMPTERY OF CREMATION, 24C. NAME OF CEMPTERY OF CREMATION, 24C. NAME OF C	ma My. of solling					
	6	REMOVAL (Specify)	0 ~					
VIIIION	25A	RATE REGIO ALMENTA DETT & CZERNANE ONE TRANS	2259-FUNERAL DIRECTOR ADDRESS ADDRESS					
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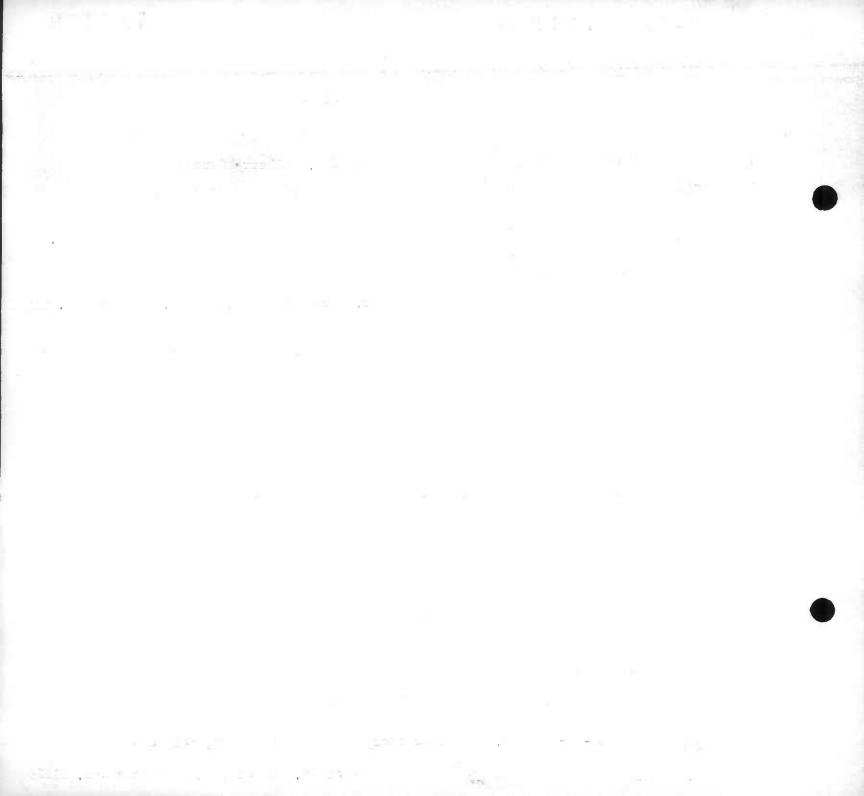
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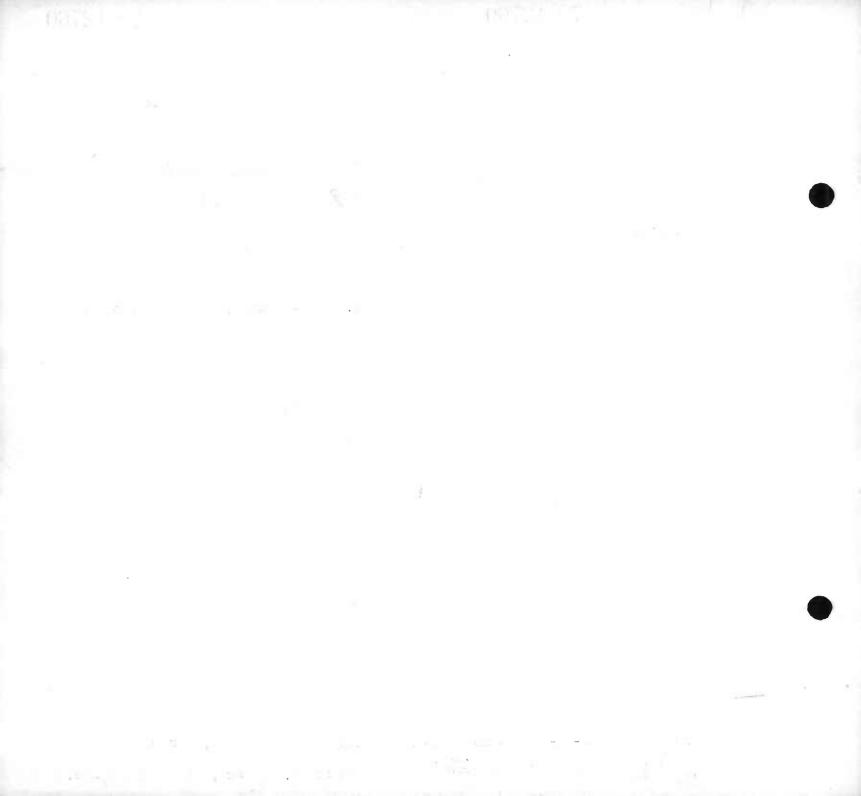
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VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

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( =	5 -600 RTH NO.	)		1.~ / 01		CERTIFICA	TE C	OF DEAT	Н	REG. NO	1	114	, 1.00
	NAME OF DEC	EASED		В.				2. DAT	FAND	HOUR OF DEATH			
(Ту	pe or Print)	ar V	allan.	ь.	00	2.0			L AND	1 0 = 4			0.
3.	PLACE IN BAL			HERE PROP	OUNC	CED DEAD	4. USU	AL RESIDENCE	Where	deceosed lived. If in	nstitution:	residence	before odmission
							A. STA	TE B. C	OUNT	1		٠	
H H	ILL NAME OF	(IF NO	T IN HOSPIT	AL OR INST	TITUTIC	ON, GIVE STREET	//	IAPU/ai	24	Baltim			
IN	STITUTION						C. CITY	ORTOWN		D. INS	IDE CITY I		
V-	Ra	C		11			DA	Himur.	2		YES 🗠	N	10 🗌
Ľ		02000	urs	Hosp	,		114 woods dale Rd. 5300						
5.	SEX 6. RACE 7. MARRIED NEVER					NEVER MARRIED	8. DATE	OF BIRTH		AGE (In years	If Und	Doys H	if Under 24 Hrs
	Female	whi	te	WIDOWE	_	DIVORCED	5/	9/95	100	st birthday)	Monins	Doys I	lours Min.
10/	LUSUAL OCCI	UPATION (GIV	e kind of work	10B. KIND	OF BU	SINESS OR INDUSTRY	11. BIRT	HPLACE (Stote of	r foreig	n country)	12. CIT	ZEN OF V	VHAT COUNTRY
	e during most of	_	ven if refired)				_	/	/			./ .	-//
	Housewif						n	DAMIGI	d		di	rifed	States
13.	FATHER'S NA	ME					14. MO	THER'S MAIDEN	NAM	E			
1	Dillian	n Ro.	ed				6	ussie	2				
15. (Ye	Was Deceased s, no ar unknown	Ever in U. S	Armed For	ces?	1 16.	SOCIAL SECURITY NO.		RMANT	-			ADDRES	S
	No	, , , , , , , , , , , , ,	4	0, 30,710	15	77-00-9284	Mr	William	Gree	we, 714 Wo	odeda	le Ros	ad 21229
-	18. 2.2 %	. Tall 1/1			<u>U</u>	CAUSE OF DEAT		***************************************	GIE	WC, / 14 WO	Jusua		MATE INTERVAL
	7 1	S 60	DITION DI	TOT! W			••						ONSET AND DEATH
	DISEAS	LEADING 1		RECILY				0.1.		austilus.			-1
	(This does n			dvina. e.	Π	(A) IMMEDIATE CAL	ISE /	umono	M	enwous			cause
	(This does not mean the mode of dying, e.g., heori failure, asthenio, etc. It means the disaase, injury a complication which are not death.												
	ANTECEDENT CAUSES  ANTECEDENT CAUSES  Left lower Kokie branch, left fullwarter												
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DISEASES OR CONDITIONS, if any, giving rise la tha abova cause (A) stating the								WWW.	4 tolikasanson				
	rise to the	abova	cause (A)	slaling I	10	0. 1	cou	es ego		the me			
	UNDERLYING CONDITION 10st. (c) Broughtal ashmula							-96	an				
z	OTHER SIGNIFICANT CONTRIBUTING												
01	□ 10 THE DEATH BUT NOT RELATED TO THE TERMINAL  IDISEASE OR CONDITION GIVEN IN PART 1 (A).												
Y													
ERTIFIC	IVA DATE OF	OPERATION	19B. CON	DITION FO	R WHI	CH OPERATION	20 A.	AUTOPSY? (Yes	or Nol	208, IF YES, WERE	FINDINGS	CONSID	ERED
	0//	9						yes.		yes ca	OJEJ OF	PLAINI	
ū	21A, ACCIDEN OR CONTRIBU	TINGE CA	DERLYING	2	IB. PLA	CE OF INJURY (e.g., i	ar obou	121C. WHERE DI	D	(If In Boltimor	ra City, giv	a exocl lo	cotion)
CAL	DEATH (natify	madicol exo	mined	e	ic") awe <sup>h</sup> 10	arm, toctory, street, a	nce blag	, INJURT OCCU	K?				
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24/	BURIAL CRE		B. DATE			of CEMETERY OF CRE					ty, town,		(Stote)
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_	Burial		12-31-7			ine Park Ce				dlawn, Mar	yland	1	
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2	MIN S	Mark a	about E	value	4	<b>7</b> ),	H	oward H.	Hub	bard, 4107	Wilk	ens A	ve. 21229
VS	150-REV. 1/1/6	6.8											



DIRECTOR:

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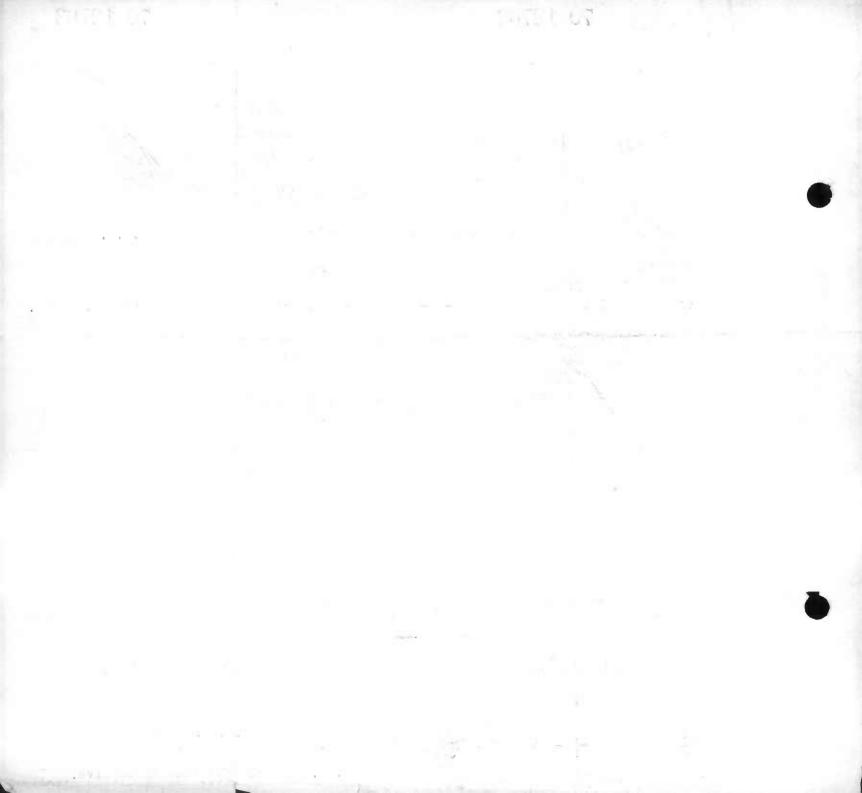
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APPROXIMATE INTERVAL

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itimore, maryland 2129

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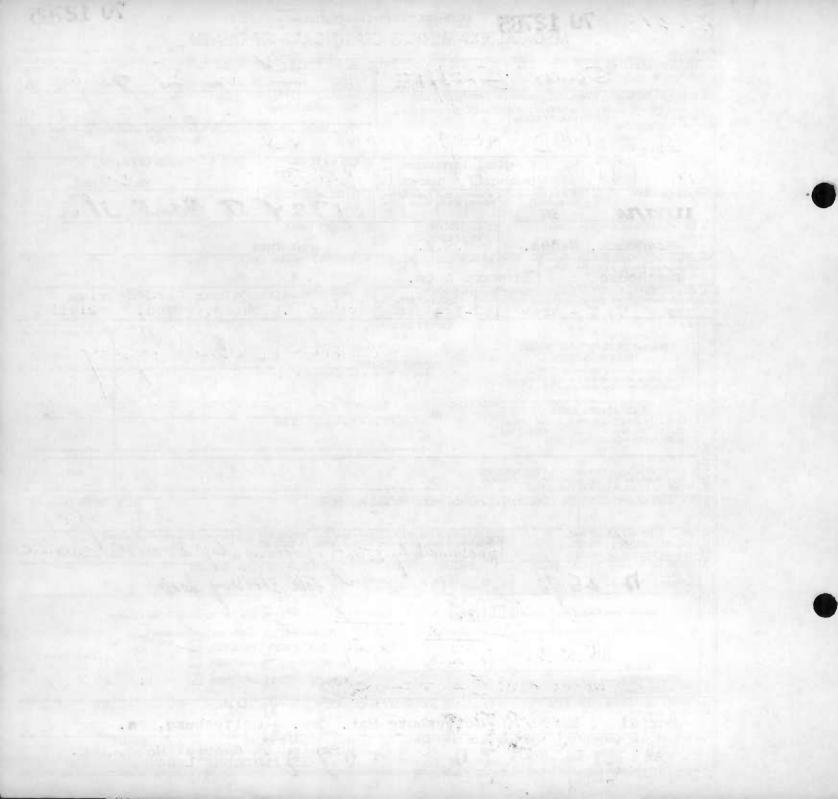


1 12764 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO...

(m)(-)	Amound
WU	12764

I. NAME OF DECEASED   PEARLY   LATZEN   2. DATE   Summer   Mouth   Doy   Year   Intervity   Marting   Ma	BIRTH NO.	KEG. NO.								
A PLACE IN BAILHMORE, MARYLAND, WHERE PRONOUNCED DEAD Months of the Committee of the Commit		OF Estimated [7]								
S. SEX	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OR INSTITUTION	3. DATE Month Day Year Haur PRONOUNCED DEAD December 30,1970 11:58 A. S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)								
Female   White   Windows   DIVORCED   Baltimore   YES   NO										
## DATE OF BIRTH    10.AGE (In yeors   10.AGE (In y	MARKIED E THE FR MARKIED E									
Is. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(if) yes, give wor or doles of service)   Is. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(if) yes, give wor or doles of service)   Is. INFORMANT   ADDRESS	9. DATE OF BIRTH  10. AGE (In years last birthday)  10. AGE (In years Months Days Hours Min.	3201 Arydale Avenue								
IAJUSUAL OCCUPATION (Orbe bind of week) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER MAIDEN NAME done during mote of working life, even if relified)     IO. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(i) yes, give wor or doles of service)     IO. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(i) yes, give wor or doles of service)     IO. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(i) yes, give wor or doles of service)     IO. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(i) yes, give wor or doles of service)     IO. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(i) yes, give wor or doles of service)     IO. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(i) yes, give wor or doles of service)     IO. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (I) this does not meen the mode of dylog, e.g., heart foliver, otherhol, eit. In emorth the disease, liquiry or complication which counsed death.     IO. DIRECTLY COMPLIANT OF THE TOWNAL DISEASE OR CONDITION LAST. (C)     IO. DIRECTLY COMPLIANT OF THE TOWNAL DISEASE OR CONDITION OF NET TOWNAL DISEASE OR CONDITION OF NET TOWNAL DISEASE OR CONDITION OF NET TOWNAL DISEASE OR CONDITION OF NET TOWNAL DISEASE OR CONDITION OF NET TOWNAL DISEASE OR CONDITION OF NET TOWNAL DISEASE OR CONDITION OF NET TOWNAL DISEASE OR CONDITION OF NET TOWNAL DISEASE OR CONDITION OF NET TOWNAL DISEASE OR CONDITION OF NET TOWNAL DISEASE OR CONDITION OF NET TOWNAL DISEASE OR CONDITION OF NET TOWNAL DISEASE OR CONDITION OF NET TOWNAL DISEASE OR CONDITION OF NET TOWNAL DISEASE OR CONDITION OF NET TOWNAL DISEASE OR CONDITION OF NET TOWNAL DISEASE OR CONDITION OF NET TOWNAL DISEASE OR CONDITION OF NET TOWNAL DISEASE OR CONDITION OF NET TOWN	WHAT COUNTRY?	11.								
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dylog, e.g., heart follows, cuthend, etc. it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, IF ANY, GIVINO RISE TO THE ABOVE CAUSE (A) STAINING THE UNDERLYING CONDITION AST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TEXAMINAL DEATE OR CONDITION GIVEN TO THE TEXAMINAL DEATE OR CONDITION MEN TO RELATED TO THE TEXAMINAL DEATE OR CONDITION MEN TO RELATED TO THE TEXAMINAL DEATE OR CONDITION MEN TO REAT I (A).  222A. EXTERNAL CAUSE WAS UNDERLYING CONTRIB.  UNDERLYING CAUSE OF DEATH.  222B. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED OF INJURY OCCUR?  OF INJURY (APPROX.)  23.  1 certify that I held an Inquiry MILE AT WORK AT WHILE AT WORK AT W	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	M. Dand Follman Hondon I								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart follure, eithenia, etc. it means the disease, Injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAINED THE UNDERLYING CONDITION LAST.  (C)  DISEASES OR CONDITION SIFE ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAINED THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE TEXNINAL DISEASE OR CONDITION GOVEN IN PART I (A).  DISEASES OR CONDITION SOVEN IN PART I (A).  220. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  221. AUTOPSY? (Yes or No) no (Inquiry)  2224. EXTERNAL CAUSE WAS UNDERLYING CONTRIB.  UNDERLYING CONTRIB.  UNDERLYING CONTRIB.  DISEASE OR CONDITION OF WHICH OPERATION WAS PERFORMED  222. PLACE OF INJURY(e.g., in or obout) 222. WHERE DID (If in Balifmore City, give exact location) no (Inquiry)  223. The (Month) (Doy) (Year) (Hour) 224. PLACE OF INJURY OCCURRED OF INJURY (APPROX.)  ACTUAL SIGNATURE SIGNA	119. CAUSE OF DEA									
(C)    Control	DISEASE OR CONDITION DIRECTLY									
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CC)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No) 12. AUTOPSY? (Yes or No) 12. AUTOPSY? (Yes or No) 12. AUTOPSY? (Yes or No) 13. UNDERLYING OR CONTRIB- UNDERLYING OR CON	(This does not mean the mode of dying, e.g.,	(This does not mean the mode of dying, e.g.,								
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22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Baltimore City, give exact location) home, farm, loctory, street, office bldg., etc.) INJURY OCCUR?  22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURED OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK AT WORK OF MAD. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 12/30/70 NAME (Type)  24D. EXTERNAL CAUSE WAS 12B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Baltimore City, give exact location) injury occurs.  10 (IIId ITY)  22F. HOW DID INJURY OCCUR?	20A. DATE OF OPERATION 120B. CONDITION FOR WHICH OPERATION W	AS PERFORMED (2), AUTOPSY2 (Yes or No)								
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Capprox.)   Militar   Not write	22A EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURED 22F. HOW DID INJURY OCCUR?									
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LOPINGUAL (A. A.)	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Homicide Undetermined monner Actual Signature Assistant Medical examiner Assistant Medical examiner Associate Medical examiner 12/30/70									
25A. DATE REC'D BY WEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS .	REMOVAL (Specific) 12/31/70 Han Zeo	m Bolto md								
JAN 4 1911 Race Tale 10 0 0 Sylvey June 25on Garrison 1 MO	JAN 4 1911 Rabe Fally MA 0 1)	a Sylves Lus Lon Garrison 1 Mc								

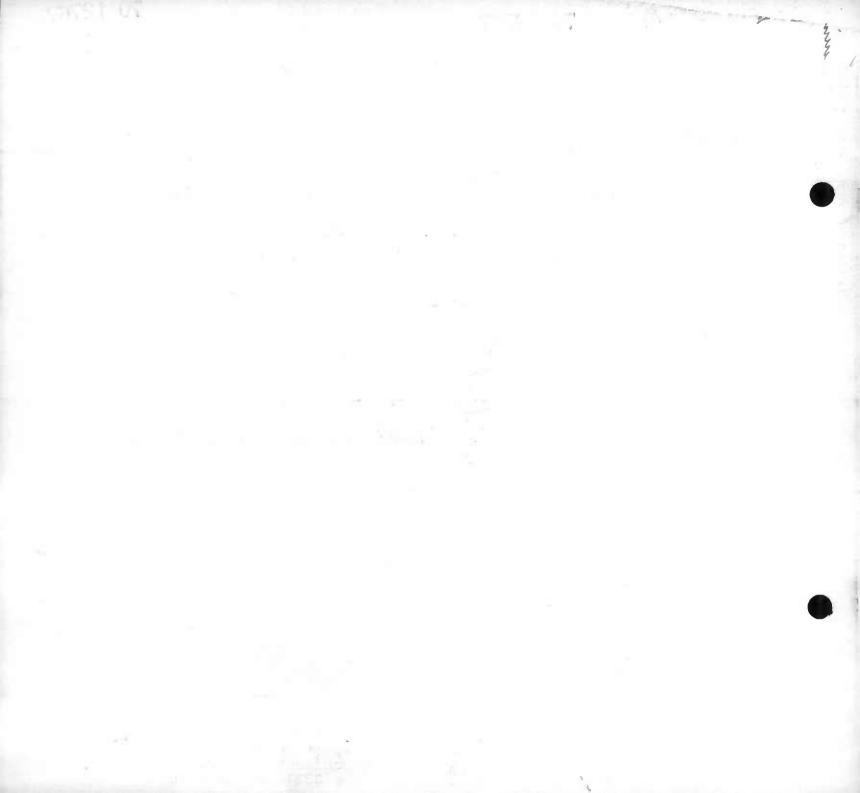
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58	-18-01 dis	DEDIC 10 12766 BALTIMORE CITY HEALTH DEPARTMENT
30		CERTIFICATE OF DEATH REG. NO. 12766
	and leath sased the Such	I. NAME OF DECEASED
\	pital and of death Deceased to the ath. Such	Rosalie Deangelis 12/25/70 1851 8.
1	pit O De ath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution, residence below administration
Y	e 1 5 e 5	A. STATE B. COUNTY
B	T 8 0 0	HOSPITAL OR ADDRESS OR LOCATION)
7	car car rend	Baltimore City Hospitals    C. CITY OR TOWN   D. INSIDE CITY LIMITS?
3	in a dia dia dia dia dia dia dia dia dia d	4940 Eastern Avenue E. STREET AND NUMBER
	de.	Baltimore, Maryland 21224 1001 North Janney Street 21224
N	525500	/• MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yours   II Under 1 Vr.   II Under 24 Har
4	ntr ntr rm rm egge	emale Chite WIDOWED DIVORCED XX 6-4-05   lost birthdoyl Months Doys Hours Min.
18	T in	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTR
141	in de li li li li li li li li li li li li li	A Complete Working the Complete
V	dea ct or Und vas i	13. FATHER'S NAME
3-	:= 54 > ± 8	John Robinson Sophia Ruppert
& Z	stant ind; ind; eath e on	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT 4940 Bastern Avenuadoress
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D.	7 . 20 - 2	heart foilure, astheria, etc. Il means the disease,
100	ner act pr ula	injury or complication which coused death.)
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4	nedic burr burr hysi	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)
	9 T	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY7 (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
FUNERAL	by a by a 2) Boo re the physicore the	IN CERTIFYING CAUSES OF DEATH? TES
5	the all by (2) ere o ph	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
	No of	C DEATH (notify medical examiner) etc.)
	sp csp	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	hoo hoo	(APPROX.)  While At Work  At Work
	he he an an an an an an an an an an an an an	22. I certify that (1) (this hospital) attended the deceased from 12/25 19 70 ta 12/25 10 20
	to to to to to to to to to to to to to t	that (A) (we) lost saw the deceased alive on 12/25 19 90 and that in (A) (aur) apinion death occurred on the date
	0 8 5 7	and hour and from the causes stated above. (# (We) (did) (distret)-view the body after death.
	ast beased dent ospit deat	23A. SIGNATURE
	2 0 0 5 0 5	Kursell Ham, MI) Attending Med. Stoff 12/2-6
	rificate my was rely an acci.  A. at a le prior to approval	23C.PHYSICIAN'S NAME (Type)  23D. ADDRESS PAGE  23D. ADDRESS PAGE  23D. ADDRESS PAGE  23D. ADDRESS PAGE  23D. ADDRESS
	Vas Vas An An Orici	Bartimore City hospitals
	A P B	24A, BURIAL CREMATION, 124B, DATE 124C NAME of CEMETERY of CREMATION CREMATION CREMATION CREMATION CREMATION CREMATION
	F # 0 0 0 C	Burial 12/29/70 Oak Lawn Cemetery Baltimore, Md.
	the bod shows: was D.( decease	Bartimore, Ind.
	This the I show was dece	JAN 4 1971 Pala E Jan 225 Funeral Difference Funeral Home, Inc. 3331 Brehms Lane
		VS 150-REV, 1/1/68

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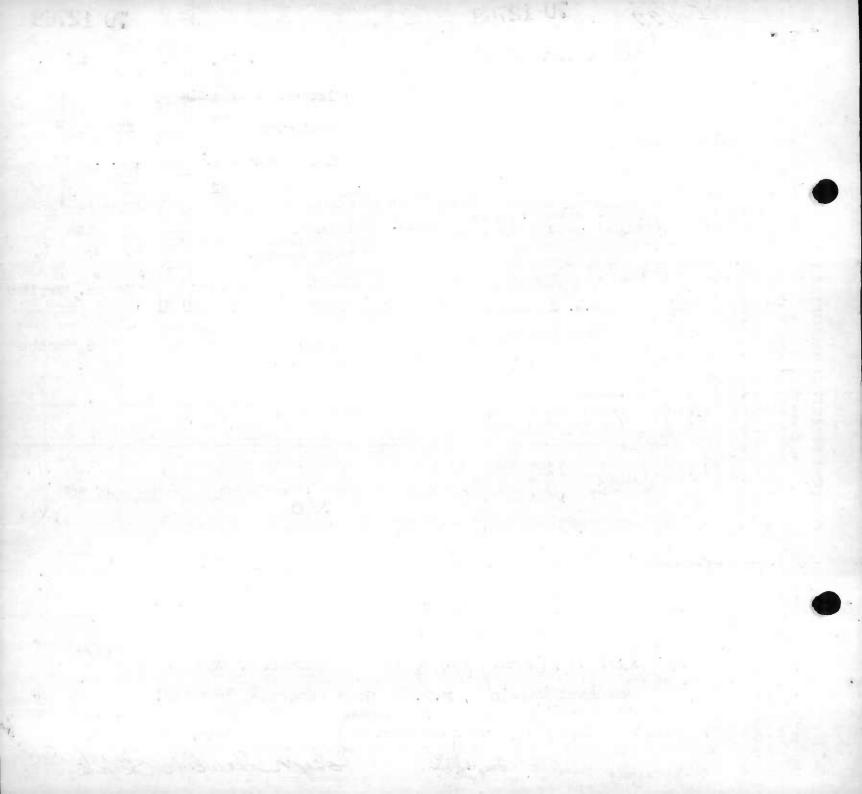
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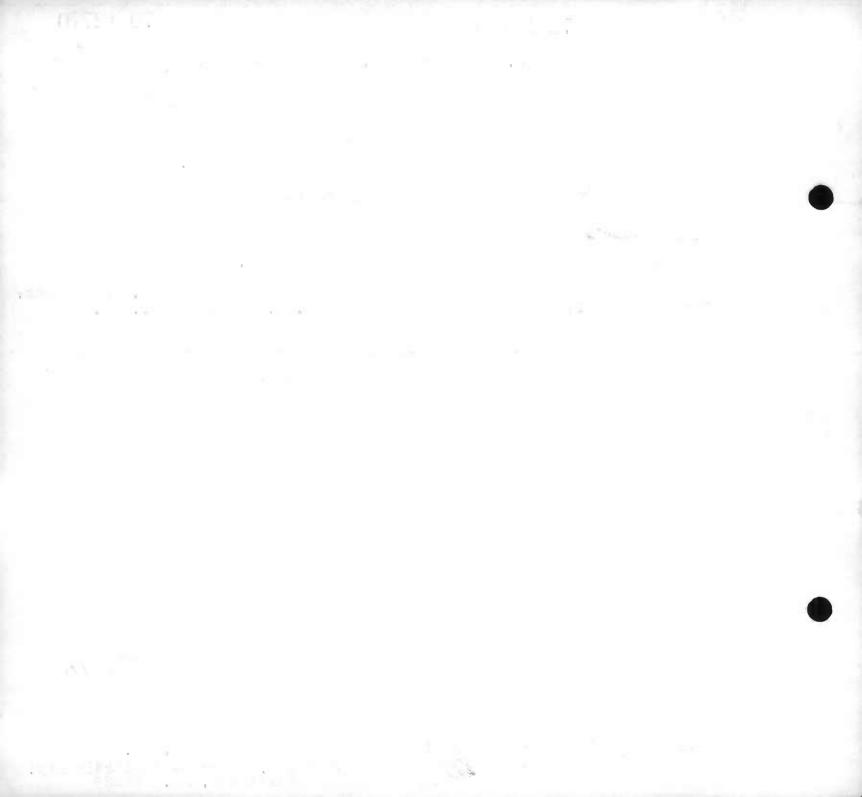
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BRIT NO. 63	70 12	100	TIFICATE		Registered No	70 12769	
M.E. CASE NO.  1. NAME OF D  (Type or Print)	ECEASED			2. DATE AN	D HOUR OF DEAT		
3. PLACE OF D	DEATH IN BALTIMORE, MA	TUDITAL	Brown	UAL RESIDENCE (Whee	2 7/ (Une deceased lived. If	institution: residence before admission	
FULL NAME HOSPITAL O INSTITUTION	R oddress or locotion		A. ST.	Bellimare	tside city limits, write	e RURAL and give township)	
0			3. 31		- 0	5 Park Rd.	
5. SEX	6. RACE	7. MARRIED, NEVER MA WIDOWED, DIVORCED Separa &		E OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.	
	CUPATION (Give kind of work of working life, even if retired)	108. KIND OF BUSINESS	OR INDUSTRY 11. BIF	THPLACE (Slote or forei		12. CITIZEN OF WHAT COUNTRY?	
13. FATHERS N	ton Bro.	reker	14. M	OTHER'S MAIDEN NA		Jane Cessna	
75. Wos Deceae Yes, no or unkno	wn) (If yes, give wor or date	ses? Service) 1 6. SOCIAL	N NO.	olet J. B		ADDRESS	
1B. 5 C	ASE OR CONDITION DIE		CAUSE OF DEA	тн		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) NG CONDITION last.	any, giving		eraline		i day yeans	
TO THE	GNIFICANT CONDITIONS CODEATH BUT NOT RELADER CONDITION CAUSING I	ONTRIBUTING TED TO THE PENCE	al failu	re, puru	monia	E FINDINGS CONSIDERED AUSES OF DEATH?	
O ZIA. ACCII	OF OPERATION 198. CON WAS PER 15 CONTROL OF CAUSE OF 15 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	21B PLACE OF	ATION 20/	out 21 C. WHERE DID		E FINDINGS CONSIDERED CAUSES OF DEATH?	
21 D. TIME OF INJURY (APPROX.)		(Hour) 21E. INJURY OC While At Work	Not While	21F. HOW DID INJ	URY OCCUR?		
22. I certify that (I) (this hospital) attended the deceased from 11/2/ 19 >6 to 12/2 that (I) (we) lost saw the deceased alive on 12/2) 19 >6 and that in (my) (our) opinion death of							
ond hour of	and from the couses sto	ed obove. (I) (We) (did	(dld not) view th	e body ofter deoth.		238, DATE SIGNED	
2	olu a_	Linger	M.D. Attending [Phys.	Med. Director	Stoff Phys.	12-20-70	
23C. PHYSIC NAME	([vne]	ER	M.D. 23D. AE	Unia	easily	Hosp.	
24A. BURIAL C			TETERY OF CREMATO			City, town, or county) (Stote)	
Buria.	1.2/31, Labert Dept.	70 Meadowi 25B NAME OF REGISTRA	ridge Mem	George J.	Gonce 40	001 Ritchie Hgy.	
VE 150 BEV 1	71 /4 6	7,00		Balt	o. Md.	61.66)	

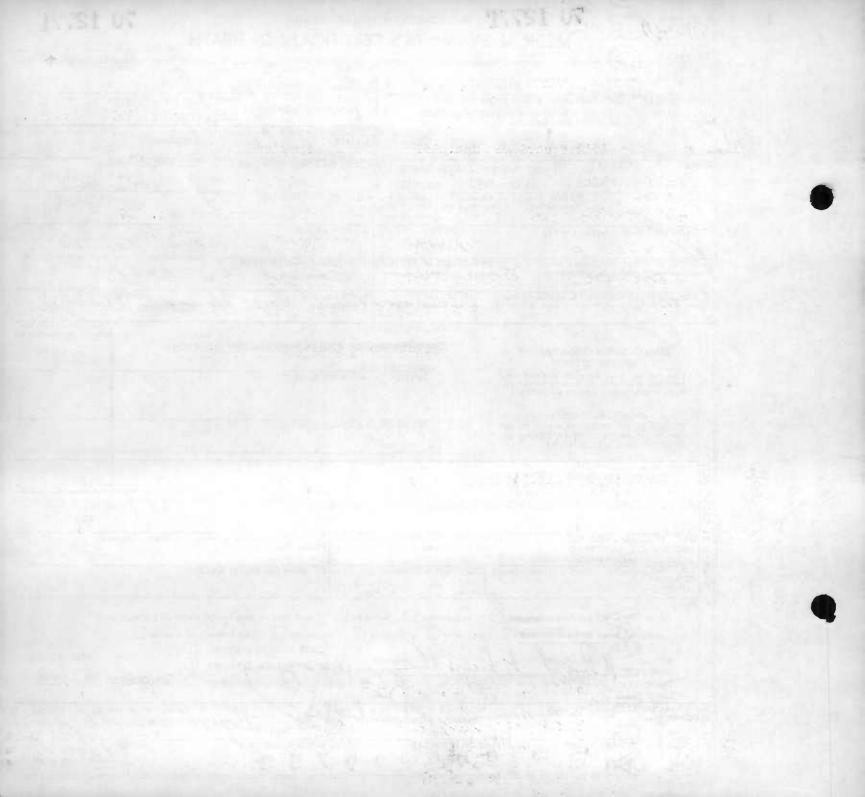
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		ATE OF DEATH REG. NO. 70	12770
	1. NAME OF DECEASED JOHN J. RECKER J		,45
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where Deceased lived, if institution: n. A. STATE B. COUNTY	esidence before odmission)
H	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. Anne Arundel	
	9 North Charles Hospital	Brooklyn  D. INSIDE CITY U YES	мпs?
7	Thorn Charles hoping	E. STREET AND NUMBER 5300 Ritchie Hgy.	5300
	5. SEX 6. RACE WIDOWED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years if Under Months)	Pr 1 Ye, Il Under 24 Hrs. Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR		ZEN OF WHAT COUNTRY?
Ш	Boiler Supply	Baltimore, Md.	U.S.
	John J. Recker	14. MOTHER'S MAIDEN NAME Aune E. Hill	
	15. Wos Deceosed Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.		Trust Bldg.
	Yes WW II 213 - 05 - 6		Md.
	DISEASE OR CONDITION DIRECTLY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not meen the mode of dying, e.g., (A) IMMEDIATE CA		under lyr.
I	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	s a consequence of:  generalized	/
	ANTECEDENT CAUSES		over / year
	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the UNDERLYING CONDITION last.	& A CONSEQUENCE OF;	<del></del>
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	estive heart failure	
	WAS PERFORMED	CONSIDERED DEATH?	
	O 21A-ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY 1e.g., home, farm, foctory, street, of DEATH inofity medical examines)	In or about 21 C. WHERE DID (II in Baltimore City, give ffice bidg, INJURY OCCUR?	exact location)
	22. I certify that (1) (this hospital) attended the deceased from	12/26/70 19 to 12/28	170 19
	that (1) (we) last saw the deceased alive on 12/28/70	19and that in(my) (aur) opinion deat	h occurred on the date
	and haur and from the causes stated above. (f) (We) (did) (did net)		E SIGNED 4
	Proper Phy	ending Med. Stoff 12	128/70
	NAME (Type) Vorge A. Bello	North Charles Gen. Ho.	spital
1 2	24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or	county) (State)
2	Burial 12/31/70 Cedan Holl	Pastimore, Md.	ADORES
	JAN 4 1971 . Leser E. Valley 74.	George J. Gonce 4001 Ri	tchie Hgy.
V	'S 150-REV. 1/1/68		<del></del>



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610	TH NO.	MIEL	NCAL	LAM	MILATIV	CLI	X 1 11 1V	CAIL	ו נ		REG. NO	),		
	NAME OF DECEASED					12.	DATE	Known [	1	Month	Doy	Yeor	Hnur	
	e or Print)	MILDRE	ED MI	LLER		- 1	OF	Estimoted	_					**
1	PLACE IN BALTIMORE, M				TED DEAD		DATE			Month	Day	Year	Hour	М.
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25C. FUNERAL DIRECTOR

ADDRESS

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

258 NAME OF REGISTRAR

STISL UT 

IMPORTANT

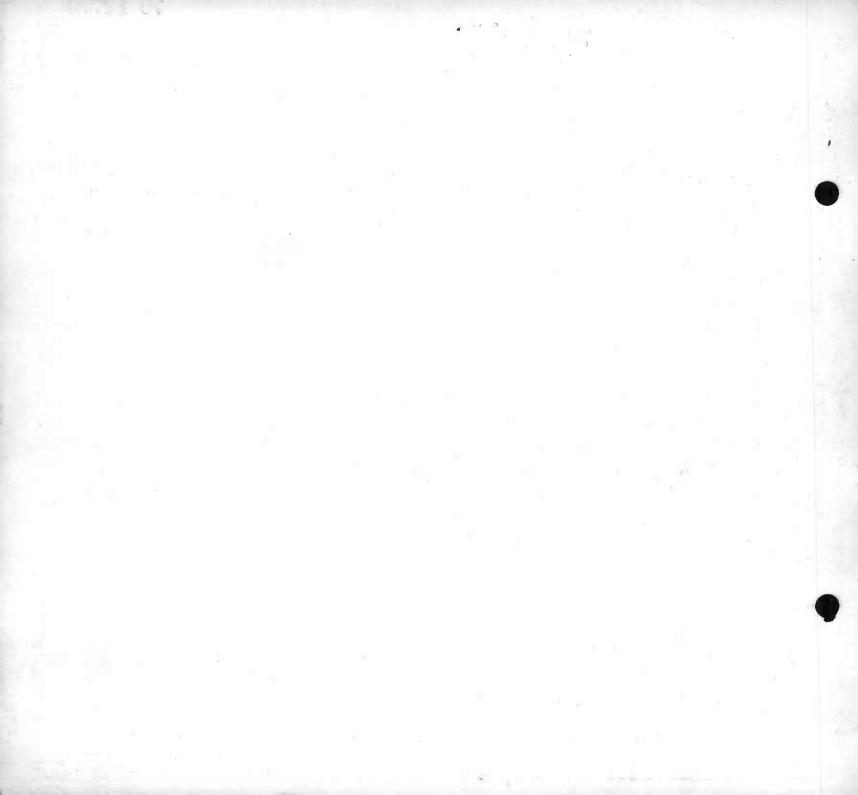
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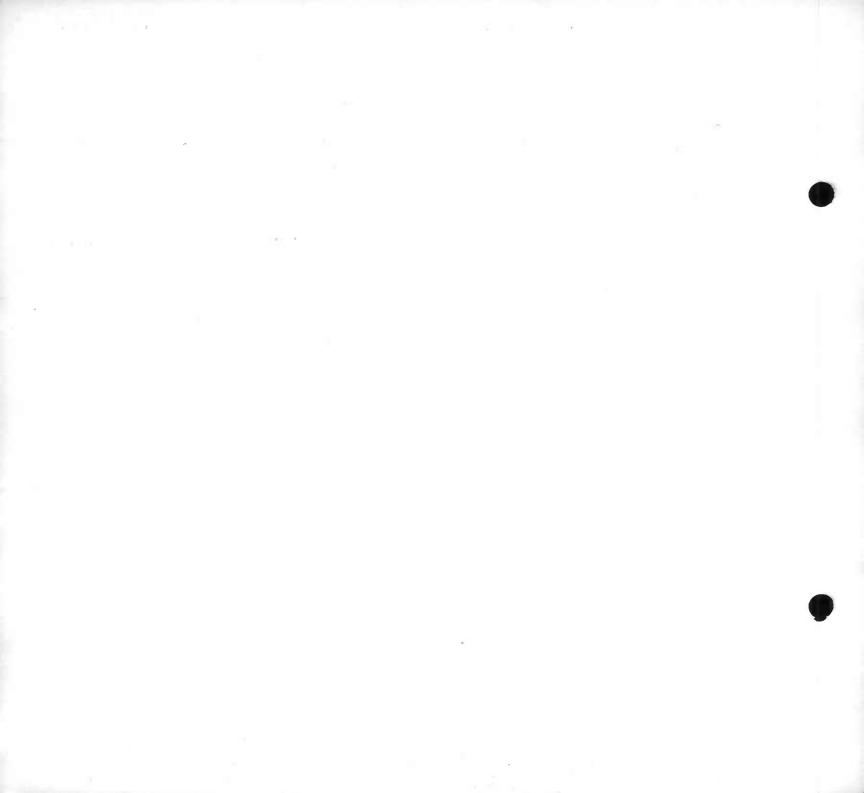
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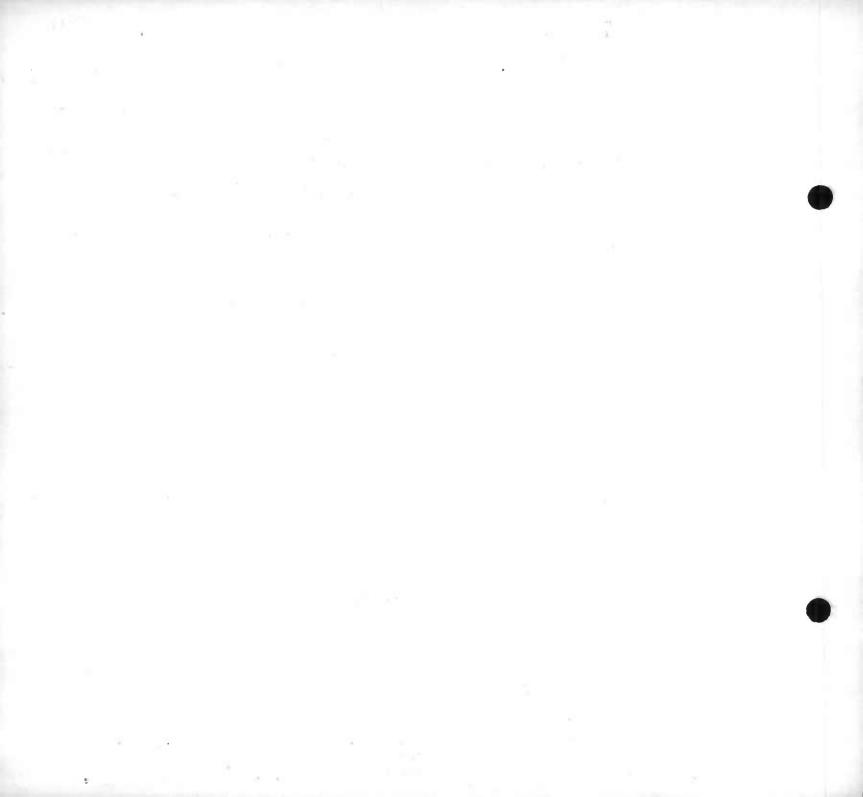
remains







11	D-520 ma 1000	BALTIMORE CITY	HEALTH DEPARTMENT			
BII	RTH NO. 70 12780	CERTIFICA	TE OF DEATH	REG. NO. 70 12/80		
T. I (Ty	NAME OF DECEASED		2. DATE AND HOUR OF DEATH			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		12/30/70	7:15 a.		
٠.	TEACT IN BALLIMORE, MARILAND, WHERE PRO	NOUNCED DEAD	IIM SIMIE BE COUNTY	cosed lived. If institution; residence before admission		
H	ULL NAME OF IF NOT IN HOSPITAL OR IN: ADDRESS OR LOCATION!	STITUTION, GIVE STREET	Maryland			
N	Provident Hospi	tal	C. CITY OR TOWN	D. INSIDE CITY LIMITS?		
7	2600 Liberty He	ights Ave.	Baltimore E. STREET AND NUMBER	YES X NO		
_	Baltimore, Mary	land 21215	2425 Madison Ave.	1301		
M	Male Negroid widow	ED NEVER MARRIED A	23/7/90 lost bi			
9011	A. USUAL OCCUPATION (Give kind of work 108, KIND ne during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of loreign cou	ntryl 12. CITIZEN OF WHAT COUNT		
	None		Maryland	U. S. A.		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	Jacob Dennis		Teressa Smith	n		
(Ye:	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT John Der	nnis-Brother ADDRESS		
	yes	220207439	Mrs. Adalaide Cull	y-Sister 1900 Samelsea I		
	18. 485 1X	CAUSE OF DEATH	- 0	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Ilhungal BAN	Who munerale II do		
	(This does not mean the made of dving e	(A) IMMEDIATE CAU	SE / JOW WOOD STATE OF:	our gramming 4 day		
	heart failure, astherio, etc. It means the disea injury ar complication which caused death.)	se,	· John State of:			
	ANTECEDENT CAUSES	m ( Mum	U Junh Disease	with 10 was		
	DISEASES OR CONDITIONS, if any, givinise to the above cause (A) stoling 1	ng DUE TO, OR AS	A CONSEQUENCE OF:	1		
	UNDERLYING CONDITION lost.	(c) (d)	ded rewith is	fursion		
إ	11					
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMINA	G AL				
< 1	DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************	120 A. AHTORSY2 (Vac. or No.) 20R	18 Wee Week Shiph Co. Co. Let Par		
E	WAS PERFORMED		No in c	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?		
¥	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in nome, form, foctory, street, off etc.)	or about 21 C. WHERE DID injury occur?	(If In Boltimore City, give exact location)		
	21D. TIME (Month) (Doyl (Yeor) (Hour) 2 OF INJURY	IE INJURY OCCURRED	21F. HOW DID INJURY O	CCU R?		
2		While At Not While At Work				
ı	22. I certify that (I) (this hospital) attended	the deceased from 12/	20/70	ta_12/30/70 19		
- 1	Mark 11 Control to the second	12/30/70		ny) (our) apinion death occurred an the da		
	that (1) (we) last saw the deceased alive ar		······and that in the	ny) (our) apinion death occurred an the day		
	and haur and from the causes stated above.		ew the bady after death.	ny, (our, apinion aeath occurred an the da		
	and haur and from the causes stated above.	(i) (We) (did) (did not) vi	ew the bady after death.	238, DATE SIGNED		
	and haur and from the causes stated above.  23A. SIGNATURE		ew the bady after death.	23B, DATE SIGNED		
3	and haur and from the causes stated above.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  ENIED 8 ACI.	(I) (We) (did) (did not) vi	ding Med. Staff Director Phys. 5	23B, DATE SIGNED		
	and haur and from the causes stated above.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  BURIAL CREMATION, 24B. DATE  24C.  REMOVAL (Specify)	(I) (We) (did) (did not) vi	ding Med. Staff Phys. 5  BD. ADDRESS  2600 Liberty Height  MATORY 24D. LOCATIO	Dec. 30, 1970  as Ave. Baltimore Md.  N  City, town, or county  (Stote)		
24A	and haur and from the causes stated above.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type  CENTED D  ACT  BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  BURIAL 1 -4-71  No. 100 -4-71  REMOVAL (Specify)  REMOVAL (Specify)	(I) (We) (did) (did not) vi  WWO , Attention Physical Physical Physical Company of the part of the par	ding Med. Staff Phys. 5  BD. ADDRESS  2600 Liberty Height  MATORY 24D. LOCATIO	Dec. 30, 1970  as Ave. Baltimore Md.		
244	and haur and from the causes stated above.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type  CENTED D  ACT  BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  BURIAL 1 -4-71  No. 100 -4-71  REMOVAL (Specify)  REMOVAL (Specify)	(I) (We) (did) (did not) vi	ding Med. Staff Phys. 5  BD. ADDRESS  2600 Liberty Height  MATORY 24D. LOCATIO	Dec. 30, 1970  as Ave. Baltimore Md.  N  City, town, or county  (Stote)		

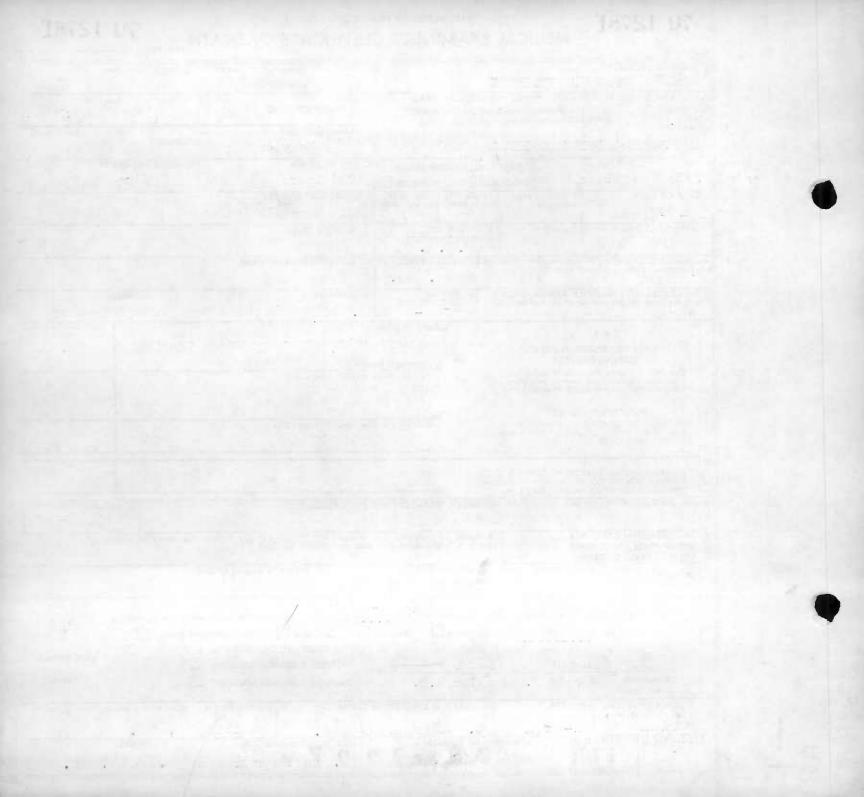


BALTIMORE	CITY	HEALTH	DEPARTMEN

PALIMORE	CHI	HEALIH	DEPAKIMEN

100	4	3	-121	41
70	4	4	10	L

C	451	70 12781  BALTIMORE CITY HEALTH DEPARTMENT  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO. 70 12781
9		1. NAME OF DECEASED (Type or Print) FRANK GOLEMBIESKI  2. DATE Known   Month Doy Year Hour OF DEATH Estimated   M.
	33	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OR INSTITUTION  3. DATE Month Doy Year Hour PRONOUNCED DEAD December 30, 1970 11:26 P.M.  5. USUAL RESIDENCE (Where decessed lived. If Institution: residence before admission)
		JOHNS HOPKINS HOSPITAL (DOA)  6. SEX  7. RACE  8. MARRIED NEVER MARRIED C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	- 99	Male   White   WIDOWED   DIVORCED   Baltimore   YES   NO
		11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF 13. FATHER'S NAME
		FOLANG  W.S.A. Andrew  Andrew  Andrew  Andrew  Andrew  Gas & Elec. Co. Mary
		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no er unknown) (II yes, give wor or doles of service) WW-1  18. INFORMANT ADDRESS 212-05-6094 A. Golembieski 4770 Homesdale Ave
		CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foliure, asthenia, etc. it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  Arterioscleratic cardiovascular disease  DUE 10, OR AS A CONSEQUENCE OF:  (B)  DUE 10, OR AS A CONSEQUENCE OF:  (C)
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No)
		yes (Head-Only)
		UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.    One of the control
		(APPROX.)  WHILE AT NOT WHILE AT WORK
		I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Natural couses Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 12/30/70
		NAME (Type)  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY or CREMATORY   24D. LOCATION (City, town, or county) (Stote)  Burial   1-2-71   St. Stanislaus Cem.   Baltimore, Md.  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS    AN 4 1971   Color E. Jacob Cem.   25C. FUNERAL DIRECTOR   ADDRESS   Color Cemetery or CREMATORY   24D. LOCATION (City, town, or county) (Stote)
		VS 151-REV. 1/1/68



2036 70 12782 BALTIMORE CITY HEALTH DEPARTMENT

		IENEILI DEI WYTHEILI		
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH R

BIRTH NO.	ME	DICAL	EXAMINER'S	CERTIFICAT	E OF DEAT	H REG. NO.	70	12/82
1. NAME OF DE		L. ROS	KOTT	OF	n Month	Day	Yeor	Hour
4. PLACE IN BAI FULL NAME OF HOSPITAL OR INSTITUTION	LTIMORE, MARYLAND, (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	NOUNCED DEAD UTION, GIVE STREET	3. DATE PRONOUNCED	Month DEAD Decembe			Hour 8:10 P.
	5621 Green H			A. STATE	yland	B. COUNTY		
6. SEX	7. RACE		D NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CI	TY LIMITS?	
Female  9. DATE OF BIRT	White	WIDOWE	D DIVORCED Under 1 Yr. II Under 24 Hrs.		timore	YI	ES X	NO O
10/6/191	L3		Ionths, Doys, Hours, Min.	562	l Green Hil	1 Road	2	641
	State or loreign country)		2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAM				
done during most of	working life, even if refired	14B. KIND C	DE BUSINESS OR INDUSTRY	15. MOTHER'S MAI	ance Cran	ston		
Housev	VII O ED EVER IN U.S. ARME	OW	n Home	Mary C.	Haile			
(Yes, no or unknown	(If yes, give wor or dote:	of service)	213-18-104		W. Rosko		DDRESS	idena Dm
19.			CAUSE OF DEAT		W. NOSKO	الكلك و ما ما		TGGITG DI.
(This does in heart loilure injury or core injury o	LEADING TO DEATH  not mean the mode of dependence of the constant  NTECEDENT CAUSES  OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST.  NG CONDITION LAST.  II  IIFICANT CONDITIONS CATH BUT NOT RELATED TO CONDITION GIVEN IN ITEM CONDITION IN ITEM CONDITI	e disease, soth.)  IY, GIVING ATING THE  CONTRIBUTIND THE TERMIN PART 1 (A).	(B) DUE TO, OR A	AS A CONSEQUENCE				
							7	PSY? (Yes or No) Ces
UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.)  23.	NAL CAUSE WAS ON CONTRIB- USE OF DEATH. (Month) (Doy) (Year  ify that I held on ted from: Natural control of	(Hour) m	WORK AT W	WHILE DORK and the Homicide	VDID INJURY OCCU	IR?	opinion	
ACTUAL SIGNATI EXAMIN NAME (T	ER'S Charle	s S. ST	pringate, M.D.	ASSISTANT M	EDICAL EXAMINER EDICAL EXAMINER EDICAL EXAMINER	Dec		31, 1970
24A. BURIAL CREA	MATION, 248, DATE		24C. NAME of CEMETERY	or CREMATORY	24D. LOCATION		, or county)	
Burial	1/2/5	7	Fork Meth.C	hurch Cem	Fork			Md.
JAN	4 1979 R.S.	25B. NAA	AE OF REGISTRAR	25C. FUNERAL		ons Co	DDRESS 490	

Serve (C) The server of the se The state of the s The second of th 

24C. NAME of CEMETERY or CREMATORY

258 NAME OF REGISTRAR

Dublin Southern Cem.

24D. LOCATION

Dublin

. Jenkins

ASC. FUNERAL DIRECTOR

(City, lown, or county)

**ADDRESS** 

Sons Co. 4905 York Balto., Md. 2 212

(Stote)

Md

24A. BURIAL CREMATION,

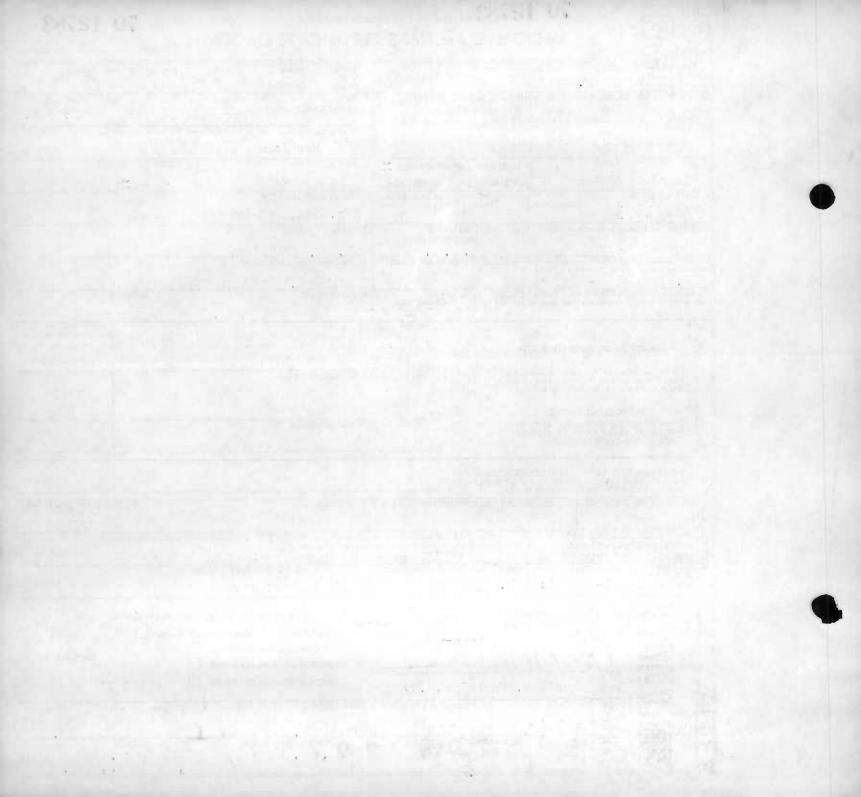
25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

Burial

VS 151-REV. 1/1/68

248. DATE



TAX TOX



IMPORTANT

DIRECTOR:

V\$ 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

Y - X - Y 

(Тур	IAME OF DEC	Deidr	a R. Ki	9	12/	29/70	335 P	
FU	LL NAME OF	TIMORE MARYLAND, V		UTION, GIVE STREET	4. USUAL RESIDENCE (Where A. STATE B. COUN Maryland	e deceased lived. If TY	f institution: residence before admissio	
IN S	STITUTION	ADDRESS OR LOC	ATION)		C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?  YES M. NO			
2	9	Provident Ho	spital		E. STREET AND NUMBER		YES 🛪 NO	
-	) 1				2811 Chelsea	Terrace	12.38	
	Female	6. RACE Negro	WIDOWED		1/6/49	9. AGE (In years lost birthdoy)	If Under 1 Yr, If Under 24 H Months Doys Hours Min,	
don	Usual occ during most of Unemplo	working life, even if retired)	k 108. KIND OF	BUSINESS OR INDUSTRY	Maryland	gn country)	U.S.A.	
	FATHER'S NA				14. MOTHER'S MAIDEN NAM	ΛE	0.00111	
	Charles	King			Bessie Harr	is		
5. Yes	Wos Deceosed	Ever in U. S. Armed Fo	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No			216-58-3819	Bessie King	2811 Chel	sea Terrace	
	hearl failure, injury ar can	nal mean the made of asthenia, etc. It means optication which caused ANTECEDENT CAUSES OR CONDITIONS. if	the disease, death.)	Нур	othalamic Infarc	rdiac Arre		
ATION	hearl failure, injury ar can DISEASES ( rise la lh- UNDERLYING OTHER SIGNIF	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.	any, giving slaling the	Hyp  (B)  DUE TO, OR AS	A CONSEQUENCE OF:			
ERTIFICATION	hearl failure, injury ar can DISEASES ( rise la lh- UNDERLYING OTHER SIGNIF	asihenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.  II CICANT CONDITIONS CO CONDITIONS CO CONDITION GOVERN NOT RELATED TO 1 ONDITION GIVEN IN PAR	any, giving slaling lhe  ONTRIBUTING (HE TERMINAL RT 1 (A).	Hyp  (B)  DUE TO, OR AS  Pituit	othalamic Infarc	tion	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
L CERTIF	DISEASES (rise to the UNDERLYING) OTHER SIGNIF TO THE DEAL DISEASE OR CO 19A. DATE OF CONTRIBLE OR CONTRIBLE	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.  II  CICANT CONDITIONS COURT OF THE CONDITION SUPERIOR ON PARTIES TO 1 OND TO PREATED TO 1 OND TO PREATED N 178 CONDITION 178 CONDITI	any, giving slaling lhe  ONTRIBUTING THE TERMINAL RT 1 (A).  IDITION FOR VIFORMED	(c) DUE TO, OR AS  Pituit  (C) Place OF INJURY (e.g., form, foctory, street, or foctory, street, or foctory, street, or foctory, street, or form, fo	othalamic Infarc s a consequence of: ary Adenoma	208. IF YES, WER	RE FINDINGS CONSIDERED	
DICAL C	DISEASES (rise to the UNDERLYING) OTHER SIGNIF TO THE DEAL DISEASE OR CO 19A. DATE OF CONTRIBLE OR CONTRIBLE	ashenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) GONDITION last.  II FICANT CONDITIONS COME BUT NOT RELATED TO TO NOTITION GIVEN IN PART OPERATION 198. CONWAS PER NT WAS UNDERLYING CAUSE OF	any, giving slaling lhe  ONTRIBUTING TERMINAL TO THE TERMINAL	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, or injury occurred lile At Not White	Othalamie Infarc  S A CONSEQUENCE OF:  SAY Adenoma  20 A. AUTOPSY? (Yes or No)  In or obout 21 C. WHERE DID  office bldg., INJURY OCCUR?	20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
MEDICAL C	DISEASES (rise to the line) of the DEAT DISEASE OR CONTRIBUTE OF INJURY (APPROX.)	ashenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.  II CONDITION COME AND A CONDITION GIVEN IN PAIR CONDITION GIVEN IN PAIR CONDITION COME AND CAUSE OF MEDICAL CAUSE OF MEDICA	any, giving slaling lhe  ONTRIBUTING THE TERMINAL TO I (A).  OTHER TERMINAL TO I (A).  OTHER TERMINAL TO I (A).  OTHER TERMINAL TO I (A).  OTHER TERMINAL TO I (A).  OTHER TERMINAL TO I (A).	WHICH OPERATION  PLACE OF INJURY (e.g., te, form, foctory, street, or the life At  At Work the deceased from	20A. AUTOPSY? (Yes or No)  20A. AUTOPSY? (Yes or No)  21F. HOW DID INJURY  21 S. T. P. T.	208. IF YES, WER IN CERTIFYING COUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
MEDICAL C	DISEASES (rise to the UNDERLYING) OTHER SIGNIF TO THE DEAD DISEASE OR CO 19A. DATE OF CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGN TU	ashenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.  IICANT CONDITIONS COME TO THE CONDITION GIVEN IN PART OPERATION 198. CONWAS PER TO THE CONDITION GIVEN IN PART OPERATION 198. CONWAS PER TO THE CONDITION CAUSE OF medical examiner)  (Month) (Day) (Year)  that (1) (this haspital last saw the deceased from the causes stated.	any, giving slaling lhe  ONTRIBUTING THE TERMINAL TO I (A).  OTHER TERMINAL TO I (A).  OTHER TERMINAL TO I (A).  OTHER TERMINAL TO I (A).  OTHER TERMINAL TO I (A).  OTHER TERMINAL TO I (A).	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, or it is at Work the deceased from the	20A. AUTOPSY? (Yes or No)  20A. AUTOPSY? (Yes or No)  20A. AUTOPSY? (Yes or No)  21F. HOW DID INJURY  21F. HOW DID	208. IF YES, WER IN CERTIFYING COUR?	te FINDINGS CONSIDERED CAUSES OF DEATH?  There City, give exoct locotion)	
MEDICAL C	DISEASES (rise to the line) or control of the DEAL DISEASE OR CONTRIBUTION (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGN TU	ashenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.  II GEORGIA ON A STANDARD OF THE ANTI-ON THE ANTI-ON THE ANTI-ONE OF THE ANTI-OPERATION TO THE ANTI-OPERATION TO THE ANTI-OPERATION TO THE ANTI-OPERATION TO THE ANTI-OPERATION TO THE ANTI-OPERATION TO THE ANTI-OPERATION TO THE ANTI-OPERATION TO THE ANTI-OPERATION (Month) (Doy) (Year)  That (1) (this haspital last saw the decease of the Anti-Operation of The Anti	any, giving slaling the DNTRIBUTING THE TERMINAL RT 1 (A).  CHOUN TO THE TERMINAL RT 1 (A).  DITION FOR YOUR CHOOSE THE TERMINAL RT 1 (A).  IDITION FOR YOUR CHOOSE THE TERMINAL RT 1 (A).  CHOUN THE TERMINAL RT 1 (A).  CHOUN THE TERMINAL RT 1 (A).	WHICH OPERATION  PLACE OF INJURY (e.g., ce, form, foctory, street, ce)  INJURY OCCURRED  ile At	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	208. IF YES, WER IN CERTIFYING COUR?	pinlan death accurred an the d	

orleader orleader

1021 6

	BALTIMORE CITY	HEALTH DEPARTMENT		PO 40200					
D-530 70 1278	S CERTIFICA	TE OF DEATH	REG. NO	10 15/00					
BIRTH NO.	CERTIFICA								
1. NAME OF DECEASED (Type or Print)	leaves with the		HOUR OF DEATH						
Smith,	Walter A.	12/28	/70	8:30 p ^					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNT	deceased lived. It in	stitution: residence before admission					
FULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	Maryland							
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?					
7.		Baltimore		YES * NO					
Sinai Hospital		E. STREET AND NUMBER		20161					
To Striat Hospital		4900 Haddon Ave	enue	2841					
S. SEX 6. RACE 7. MAR	RIED T NEVER MARRIED		AGE (In years	If Under 1 Yr. , If Under 24 Hrs.					
Mala Nagya	WED DIVORCED	1/24/13	st birthdoy) 57	Months Doys Hours Min.					
OA. USUAL OCCUPATION (Give kind of work 10B. KIN				12. CITIZEN OF WHAT COUNTRY					
done during most of working life, even if retired)	7.11 6.1	D 111	3 1	110.5					
	swald's Bakery	Baltimore, Mary		USA					
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E						
William Smith		Estella Sugars							
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of sen	1 6. SOCIAL	17. INFORMANT		ADDRESS					
**		14 1/1 7 11 /		11-11 0					
No	216-09-7305	Mrs. Viola H. S	smith 4900	Haddon Avenue					
18. 4/0 11	CAUSE OF DEAT			RETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Minocana	nel Franch	an A could	1 5 mm					
(This does not mean the mode of dying,	(A) IMMEDIATE CAL	JSE	3	0					
heart foilure, osthenia, etc. It means the dis		A CONSEQUENCE OF:							
injury or complication which caused death.)		1							
ANTECEDENT CAUSES	Mennil	A CONSEQUENCE OF	neon dis	in cremsi					
DISEASES OR CONDITIONS, il any, g		A CONSEQUENCE OF:		0					
rise to the obave cause (A) stating UNDERLYING CONDITION tost.	(C)								
11	\\/								
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING								
TO THE DEATH BUT NOT RELATED TO THE TERMINE DISEASE OR CONDITION GIVEN IN PART 1 (A).									
U 19A. DATE OF OPERATION 198, CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?					
WAS PERFORMED		IN CERTIFYING CA		USES OF DEATH?					
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If In Boltimor	e City, give exact location)					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, o	thee bidg., INJURY OCCUR?							
O 21 D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
OF INJURY			RY OCCUR?						
(APPROX.)	While At Not While Work At Work								
22. I certify that (I) (this bosnital) attend									
	,								
	that (I) (we) lost sow the deceased alive on 1972 and that in(my) (our) opinion death occurred on the do								
11/	and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death.								
23A. SIGNATURE	/			238. DATE SIGNED					
Hand & / Cen	CM MO OFGREE Phy		taff hys.	12/31/20					
23C. PHYSICIAM'S	OLONE!	23D. ADDRESS		1711					
NAME (Type)	-HN	721 MED A	TRITS BLI	26. BALTO. 1					
24A. BURIAL CREMATION, 24B. DATE 2	DEGREE	EMATORY 24D. LO		ty, town, or county) (State)					
REMOVAL (Specify)		3.1							
Burial ]/2/71	Mount Calvary Co	emetery Bat	timore, Mai	ryland					
2SA. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	256 FUNERAL DIRECTOR		ADDRESS					
JAN 5 1971 Valent E. 46	4044	Arlington S. P	hillips 1	727 North Monroe S					
VS 150-REV. 1/1/6B		300,1							

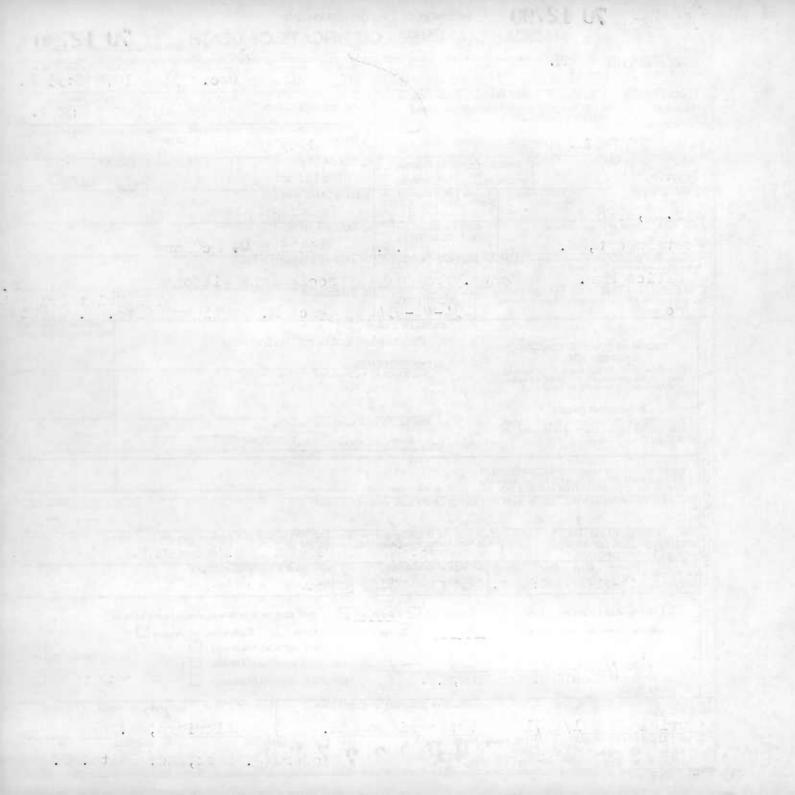


IMPORTANT

DIRECTOR:

FUNERAL

8-452 70 12790 BALTIMORE CITY HE	ALTH DEPARTMENT
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 70 12790
I. NAME OF DECEASED (Type or Print) RUTH RAWLINGS	2. DATE Known   Month Day Year Hnur OF DEATH Estimoted   Dec. 31 1970 8:55 Pa
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Day Year Hour PRONOUNCED DEAD December 31,1970 8:55 P.
UNIVERSITY HOSPITAL	S. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  A. STATE  Maryland  B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D	C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?  YES NO
P. DATE OF BIRTH  Apr. 12.1928  10. AGE (In years   M Under 1 Yr. H Under 24 Hrs.   Months   Days   Hours   Min.	
Westernport, Md.  12. CITIZEN OF WHAT COUNTRY?  Westernport, Md.	A William C. McCloud
done during most of working life, even if retired)  Office Mgr. Montg. Ward	Nooie Anne Wilfong
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(ill yes, give war or doles of service)  17. SOCIAL SECURITY NO. 234-42-934	18. INFORMANT 78 OF Bridge
19. CAUSE OF DEA	
LEADING TO DEATH (A)IMMEDIATE C	CAUSE AS A CONSEQUENCE OF:
injury or complication which coused death.)  ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA	
96.7	AS PERFORMED 21. AUTOPSY? (Yes or No)  Yes
22A. EXTERNAL CAUSE WAS UNDERLYING ♥ OR CONTRIB. UTING ☐ CAUSE OF DEATH.	In or about 22C. WHERE DID (If in Baltimore City, give exact location)  bldg., etc.) INJURY OCCUR? 1500 Block S. Monroe St, N. of Wicomico St
2 22D. TIME (Month) (Dov) (Year) (Hour) 22F INILITY OCCUPPED	WHILE X Driver in auto-auto collision
23.	topsy 🗵 and that on this basis, death in my opinion
resulted from: Natural causes Accident Suicid	CHIEF MEDICAL EXAMINER
SIGNATURE Ronald N. Kornblum, M.D.	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 1/1/71
NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
Burial 1/4/71 Meadowridg	
JAN 5 1971 Robert C. Jaiber M. J.	25C. EUNERAL DIRECTOR ADDRESS  Leonard J. Ruck, Inc. Balto.Md.
VS 151-REV. 1/1/68	



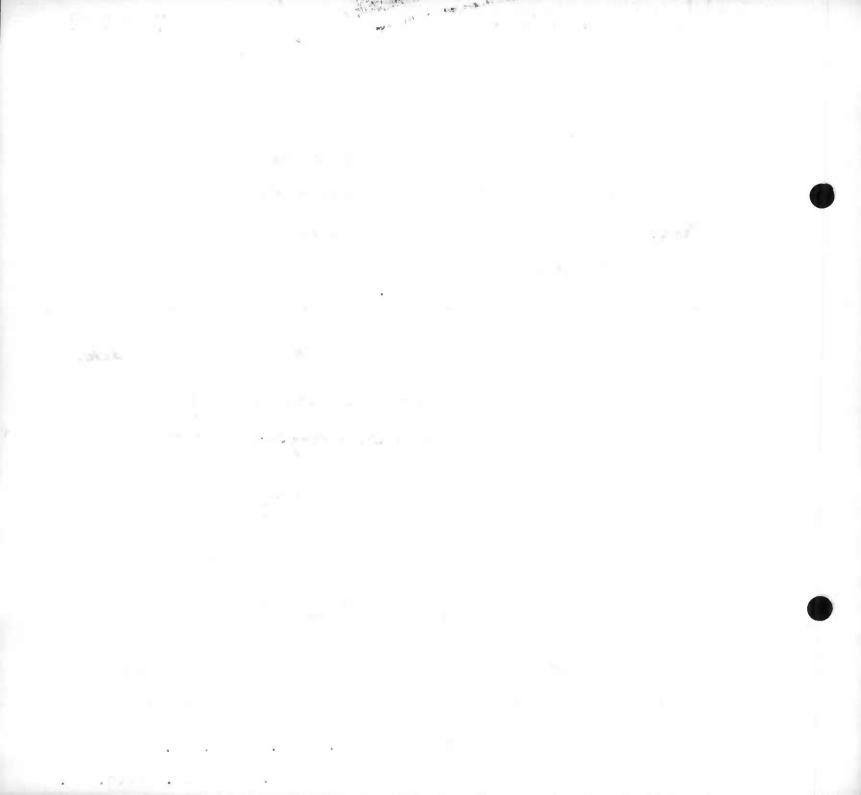
IMPORTANT

FUNERAL DIRECTOR:

V.In	1 perc, 5 a	6 % 100 L	BALTIMORE CITY	HEALTH DEPARTM	ENT		70 12791			
5-432	/ / 1	2791	CERTIFICA	TE OF DEA	TH REC	. No	10 10101			
BIRTH NO.	CEASED			2, D	AJE AND HOUR O	F DEATH				
Type or Print)	CIRETTA K	LOTZ B	BAUGH	12	431/70/:20	PM				
3. PLACE IN BA	LTIMORE MARYLAND, W			4. USUAL RESIDENCE			titution; residence before odmissio			
F1111 NAME OF	WE NOT IN HOSPIT	TALL OD INSTIT	UTION, GIVE STREET	Marylan						
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	C. CITY OR TOWN		D. INSID	DE CITY LIMITS?			
2 2				Baltime	ore		YES NO			
The J	ohns Hopkin	e Hoen	i+-1	E. STREET AND NU	MBER		- 100 E			
THE U	Omis nopern	deon e	rtar	3411 Pa	arkside D	rive	66			
5. SEX	6. RACE	7- MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In lost birthdoy	years	If Under 1 Yr. If Under 24 H			
Female	White	WIDOWED	DIVORCED	7/2/03	,	67				
	CUPATION (Give kind of wor I working lile, even if retired)	k 10B. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or loreign country)		12. CITIZEN OF WHAT COUNT			
	sewife			Ne	ew York		USA			
3. FATHER'S NA	AME			14. MOTHER'S MAIL	DEN NAME					
Fran	k Duscher			Francis	s Beaker	Bieler	r			
5. Wos Decease	ed Ever in U. S. Armed Fo		16. SOCIAL	17. INFORMANT	***************************************		ADDRESS			
	(II yes, give wor or dot		SECURITY NO. 219-10-7924	Mr. Ralph	J. Klotzbai	igh	(Same)			
					-	.0	APPROXIMATE INTERVAL			
18. 2 6	011		CAUSE OF DEAT	п			BETWEEN ONSET AND DEA			
DISEA	ASE OR CONDITION DI LEADING TO DEATH	RECTLY		fait.	acidose	À	511 her			
(This daes	(This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAUSE A CONSEQUENCE OF:									
	heart failure, asthenia, etc. It means the disease,									
,,	ANTECEDENT CAUSES						1624			
DISEASES	DISEASES OR CONDITIONS, if any, giving  (B) UE TO, OR AS A CONSEQU						1 903			
rise to the above cause (A) stoting the							med // mans			
UNDERLYING CONDITION loss. (C) Congletive belief field feeling the belief							0707 11 1000			
7	. II									
	IFICANT CONDITIONS CO									
DISEASE OR	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Y	es or No) 208, IF Y	ES. WERE FI	INDINGS CONSIDERED			
19A. DATE C	WAS PER	REDRMED	William G. EKAMON	20A. AUTOPSY? (Yes or No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
U 21A. ACCID	ENT WAS UNDERLYING	216	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE	E DID (If	in Boltimore	City, give exact location)			
OR CONTRIE	BUTING CAUSE OF	hor	ne, form, foctory, street, o	ffice bldg., INJURY OC	CUR?					
0 21D. TIME	(Month) (Day) (Year)	(Hour) 21E	. INJURY OCCURRED	215 HOW	DID INJURY OCCU	D2				
S OF INJURY	(Nonin) (Day) (Tean)		nile At Not Whi		DID INJUKT OCCU	к.				
(APPROX.)		We								
22, I certif	y that (1) (this hospita	l) attended t	he deceased from/-	2/28	19 7¢t	0 12/31	19.20			
that (1) (we	e) last saw the deceas	ed alive an_	12/31	19 70			ian death accurred an the d			
and hour a	and haur and from the causes stated abave. (1) (We) (did) (did not) view the body after death.									
23A. SIGNAT		11	10.07				23B. DATE SIGNED			
(/,	en last	11 ,000	2 / /////   Dh	ending Med.	or Staff Phys.		12/31/70			
23C. PHYSICI	IAN'S	1 >coon	DEGREE TH	23D. ADDRESS	(1 4 .	/1	111			
NAME	MANE (Type) 1 Comment of the Colored C									
24A. BURIAL CR	REMATION, 248, DATE	CETNE N	AME of CEMETERY OF CR	EMATORY	240. LOCATION	1000	y, town, or county) (State)			
REMOVAL	(Specily)			U						
Buria			ruid Ridge Cen			imore,				
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAME	DE REGISTRAR	25C. FUNERAL D		Do 1.	ADDRESS			
JAN	1971 (Hobert	G. Valuares	2, 2, 0,	Leonard 0	· Mack, In	o Dal	to. Md. 21214			
VS 150-REV. 1/1	/6B									

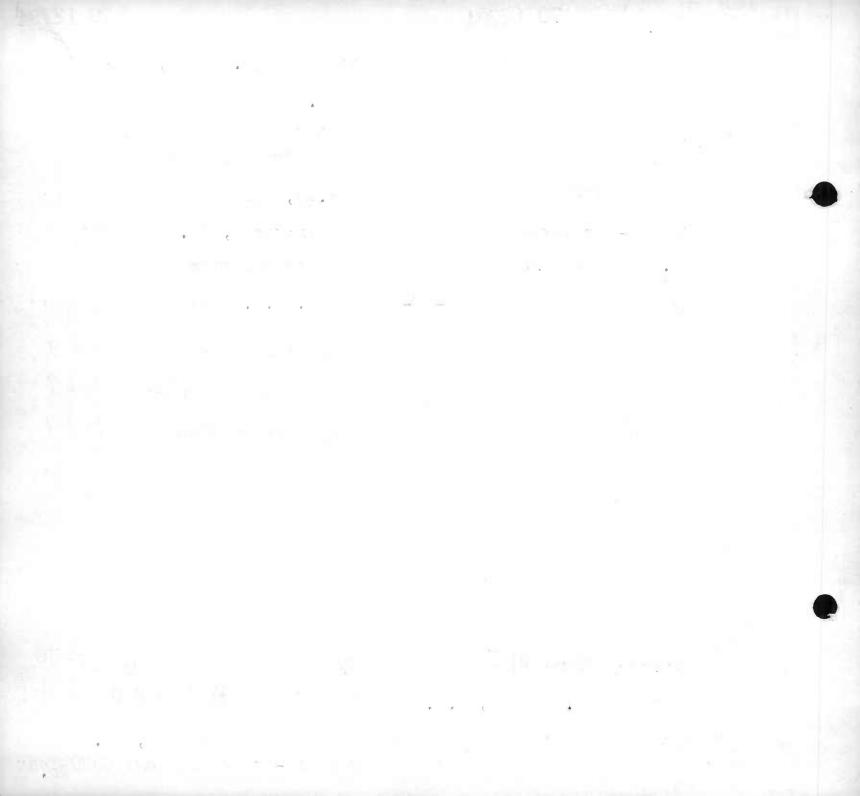


	-	T 1125	70	19709		CITY HEALTH I			ero atom	100	
	/	TH NO.	10	14104	CERTIFIC	CATE OF	DEATH	REG. NO	70 127	92	
	1.1	AME OF DECE	ASED Mae					NO HOUR OF DEATH			
	(Ту	pe or Print)	RED M.	FEL	DHEIM			131/70	1 // .	30 A.M.	
	3.	PLACE IN BALT	IMORE MARYLAND	WHERE PRO	NOUNCED DEAD	4. USUAL A. STATE		re deceased lived. If in			
	HC	LL NAME OF	(IF NOT IN HO	SPITAL OR INS	TITUTION, GIVE STREET	MA.	RYLAND	[D 1316	IDE CIDY LAMBER		
			HEMORI	A		11-1-1-1-1	TIMORE		IDE CITY LIMITS?	No []	
- 1		NON	HEMORI	N Z /TZ	SPITAL	1	BALTIMORE YES NO				
	4	4				43	15 MAR	BLE HA	LL RO	109	
	5. 5	EX	6. RACE	7- MARRIE	D NEVER MARRIED	B. DATE O	F BIRTH	9. AGE (In years lost birthdoy) 72 425	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.	
2	104	USUAL OCCU	PATION (Give kind of		DIVORCED OF BUSINESS OR INDU	STRY 11 RIDTHP	ACE (State or fore	72 475	JID CITYEN O		
5	don	e during most of w	orking life, even if retire	rd)	OI SOSINESS OR INDO	JIKI III. DIKINI	FACE (Stote of lote	ign country!	1	F WHAT COUNTRY?	
	_	**************************************		ewife			MARYLA	ND	4.5,	4.	
	13.	FATHER'S NAM	I E			14. MOTH	ER'S MAIDEN NA	ME			
2		Jun 1	BIERMA			EL	LA COCH	LINS			
	15, Yes	Was Deceased I	Ever in U. S. Armed (If yes, give wor or	Forces?	1 6. SOCIAL SECURITY NO.	B 17. INFORA	TAANT		ADD	RESS	
		NO				-	WALTER	FE L DITE	14	SRIYE,	
		1B.	7, 21		CAUSE OF D		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		APPR	OXIMATE INTERVAL	
,		DISEASE	OR CONDITION				0		BETWEE	N ONSET AND DEATH	
		LEADING TO DEATH  (A) IMMEDIATE CAUSE Bronchop neumona								lays	
;	heori failure, esthenia, etc. Il means the disease.									7	
1		injury at complication which caused deeth.									
		ANTECEDENT CAUSES  (8) IN TESTINAL OBSTRUCTION  DUE TO, OR AS A CONSEQUENCE OF:									
2											
	underlying Condition lost (c) 3415 post-resection Jugmoid Cancer										
			Ш						-		
	O	OTHER SIGNIFIC									
	AT	DISEASE OR CO	BUT NOT RELATED T	PART 1 (A).	*****************						
1	CERTIFICATION			ONDITION FO	R WHICH OPERATION	20A. AU	TOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONS	IDERED	
1	ERI	Dec 21		ESTINAL	OBSTRUCT		No				
	ZAL	OR CONTRIBUT	WAS UNDERLYING CAUSE OF	3 [ ] h	1B. PLACE OF INJURY (e ome, form, foctory, streetc.)	eg, in or about 21 by office bldg., IN	C. WHERE DID	(If In Boltimor	e City, give exoct	locotion)	
	0	21 D. TIME	(Month) (Doyl (Ye	ar) (Hour) 2	L INJURY OCCURRED	21	F. HOW DID INJ	URY OCCUR?			
	8	OF INJURY (APPROX.)		\	While At Not At W	While D					
		22. I certify t	hat (1) (this hospi		the deceased from	140	V. 291	19 70 ta	DEC.	3/ 19 70	
			ast saw the dece		-			at in (my) (our) api			
		and hour and	from the causes s	tated above.	(1) (We) (did) (did no	it) view the ba	dy after death.				
		23A. SIGNATUR		0 0					23B, DATE SIGN	IED	
5		Histor	na C. &	Lucar	meg.	Attending Phys.	Med. Director	Staff Phys.	12/3//7	0	
		23C. PHYSICIAN	rs		DEGREE	23D. ADDRE		rnys. —	/ / / - /		
		VICTORI	a C. G.	ALLARDO	>	ZINION	MEHO	RIAL THOSP	ITAL		
	24A	BURIAL CREM	ATION, 124B. DATE			CREMATORY			ty, town, or count	yl (Stote)	
	-	REMOVAL (Sp urial	1 /1. /7							1. (21016)	
	-		Y WEALTH DEPT.	258. NAM	ulaney Vall	ley Mem.	NERAL DIRECTOR	Balto. Md.		DRESS	
	1	IN 5 m	DO OR A				all all	Ruck Inc.		2,1	
- 41	IV/	212 67 120	THE WASHING THE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0-0	1 1 60	Hell'O al.	THICK INC	ROITO	D/I	



	C-536	70	12793	BALTIMORE CITY	HEALTH DEPARTMEN	-	P	70 12	793		
	BIRTH NO.	10	14100	CERTIFICA	TE OF DEAT	H REG. N	10				
- 11	I. NAME OF DECE	ASED				E AND HOUR OF D	NE ATH				
	Type or Print)	Miss Ethel	Canha		I .						
		MORE MARYLAND, Y	HERE PRONOL	UNCED DEAD	IV.	CONT	4 If institutions	residence bef	:15 P Nore admission)		
	FULL NAME OF HOSPITAL OR IN: ADDRESS OR LOCATION) INSTITUTION  Keswick			JTION, GIVE STREET	C. CITY OR TOWN	lto	. INSIDE CITY	LIMITS?			
-					Balto.	V	YES 7	NO	П		
	91	700 West	Oth. St	treet	700 W. 401			30	7		
	5. SEX 6	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE fin year	s If Unc	ler 1 Yr., If	Under 24 Hrs.		
- 11	F	White	WIDOWED	DIVORCED	Aug. 31,1876	lost birthday	Months	Doys Hou	rs Min.		
	tOA, USUAL OCCUP	ATION (Give kind of worl	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CI	TIZEN OF WH	AT COUNTRY		
	77				Momen		1.8	0.5.	2		
	13. FATHER'S NAMI				Mary	NAME		0.0.1	1 1 -		
	~	Canter			Mary E. Al	ney					
	5. Was Deceased E Yes, no or unknown)	ver in U. S. Armed For I yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS			
	IN FIDETS	NO		220-48-2130	Volume	December					
1	18. 1.	0.4		CAUSE OF DEATH				APPROXIMA	ATE INTERVAL		
		OR CONDITION DI	RECTLY	ant	0 -	100	9-	BETWEEN ON	SET AND DEATH		
		LEADING TO DEATH  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE									
	heart failure, asthenia, etc. If means the disease.										
	injury or camplication which caused death.										
	ANTECEDENT CAUSES										
	DISEASES OR CONDITIONS, if any, giving				A CONSEQUENCE OF:	***********	*********	ļ	Photosocous us		
Ш	nse lo lhe abave cause (Al slaling lhe UNDERLYING CONDITION last.										
I		11		(С)			*************				
	OTHER SIGNIFIC	ANT CONDITIONS COL	NTRIBUTING								
Ш	E ! IO THE DEATH	BUT NOT RELATED TO THE	I F TEDMINIAL	************************							
	19A.DATE OF O	PERATION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes o	No) 208. IF YES, V	VERE FINDINGS	CONSIDERE	D		
	19A-DATE OF O	- 111				IN CERTIFYING	G CAUSES OF	DEATH?			
1	OR CONTRIBUTION DEATH (notify m	WAS UNDERLYING NG CAUSE OF	21 B. F home etc.)	PLACE OF INJURY fe.g., fn , farm, factory, street, offi	or about 21 C. WHERE DI	(If In Bo	oltimore City, giv	ve exoct location	on)		
	OF INJURY	Aonth)  Doy)  Year)	IHour) 21E.	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?					
:	(APPROX.)		White	Not While							
	22 1	. (1) (-1 - 1 - 1 - 1	TYOIK	AT WORK							
		at (1) (this hospital)		e deceased fram	one,	19 <u>S /</u> _ta		معا	19 70		
		st saw the decease		EJ QUE	C 19 700 and	that In (my) (aur)	) apfnlan dea	th accurred	an the date		
I	and haur and fi	am the causes state	ed abave. (1)	(We) (dld) (dld not) vl	ew the bady after deat	h.					
	23A. SIGNATURE	0 1	0 15	6 6 4 0		1	23 B. D.A.	TE SIGNED			
	H	arota 1	· 1 no	Aften Phys.	ding Med.	Staff Phys.	12.	-25-	7×		
	23C. PHYSICIAN'S NAME IType			DEGREE	D. ADDRESS		1.0	- 0			
		ld P. Biehl,	M.D.		700 West 40th	Street B	laltiman	a MD	21 21 1		
2	4A. BURIAL CREMA	TION, 24B, DATE		ME of CEMETERY OF CREA		LOCATION	fCity, town, o		21211		
	Burial	12/29/7		Faith Episco			lotte Ha		Md.		
1/2	SA. DATE REC'D BY		25B NAME OF								
	JAN 5		E Ja Be	Jane Committee	Mitchell Wi	edefeld Ho	me 6500	York Re	d.		
卜	S 150-REV. 1/1/6B	TI VECTOR	A MARINER	7.0	11110011011	.5451614 110		TOTA 10	-•		
4											





ROAD RATTO MD

IMPORTANT

DIRECTOR:

FUNERAL



prior to death. Such

1	11-265	- 70 12	796		HEALTH DEPART		70	12700
BIR	TH NO.			CERTIFICA	TE OF DEA	411		15130
	Pe or Print)		MARY	C. McGRAIN		DEC. 27, 197		
3.	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONC	DUNCED DEAD	4. USUAL RESIDEN	NCE (Where deceased lived, I B. COUNTY	f institution; res	sidence before odmission)
H	LL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTI	TUTION, GIVE STREET	MARYLA C. CITY OR TOWN	D. II	NSIDE CITY LIA	WITS?
1	. 46	75 77 05	~		BALTIM		YES	NO 🗌
0	0 43	35 E. 25TH				25 TH ST.	1.	203
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years Jost birthday)	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
	FEMALE	WHITE	WIDOWE	DIVORCED _	SEPT.14,			
		PATION (Give kind of worl orking life, even if retired)	10B. KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (ST	ote or foreign country)	12. CITIZ	EN OF WHAT COUNTRY
	BOOKER				BALTO.	Mp.		USA
13.	FATHER'S NAM		1		14. MOTHER'S MA			
		J. McGRA				MARY TANYAE		
15. (Ye	Wos Deceased s, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	ces? es of service)		17. INFORMANT			ADDRESS
	NO			217-01-65	66 Iss NA	NCY MCGRAIN	r	SAME
	18.4 O	or condition di	50;	CAUSE OF DEAT	H		81	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
		LEADING TO DEATH	NEC IEI	(A) IMMEDIATE CA	THE COVE	many Throng.	0111	minutes
		of mean the mode all		DUE TO, OR AS	A CONSEQUENCE OF			
		injury or camplication which caused death.) Artenoreless his heart decesse						6-1
	ANTECEDENT CAUSES							7-1
	DISEASES O	R CONDITIONS, il	ony, givin	DUE TO, OR AS	A CONSEQUENCE	OF:		
		abave cause (A) CONDITION last.	sloling th	e (C)				
_		11						
ATION	TO THE DEATH	CANT CONDITIONS CO I BUT NOT RELATED TO T ONDITION GIVEN IN PAR	HE TERMINAL	Dis	biter m	ellitis		71.
ERTIFIC,	19A-DATE OF	OPERATION 198. CON WAS PER	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY?	(Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CAUSES OF D	CONSIDERED EATH?
CAL CE	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	ho	B. PLACE OF INJURY (e.g., ome, form, foctory, street, c.)	in or obout 21 C. WHE inflice bldg.,	RE DID (If in Boltin CCU R?	more City, give	exoct locotion)
EDIC	21D. TIME	(Month) (Doy) (Year)		E. INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?		
2	(APPROX.)		W	/hile At Not Whi				
	22	Abov (I) (Abita bossias		the deceased from		10.57	norati	100R27 19 70
						- ,	,	_ / /
		last saw the decease				and that In(my) (out)	opinian deat	h accurred an the dat
			ted above.	(I) (tis) (did) (did not)	view the bady afte	r death.	200 DATE	c clouisp
	23A. SIGNATUI			Att	ending Med.	Staff	23B. DATI	ESIGNED
	0			DEGREE Phy	ys. Direc	tor Phys.	/>	2/28/10
	PHYSICIAN NAME (Ty	v'S pe)	_		23D. ADDRESS			
		R. MARION			5211		•	
24	A. BURIAL CREA		24C.1	NAME of CEMETERY of CR	EMATORY	24D. LOCATION	(City, town, or	r county) (Stote)
1	BURIAL	12/30	170	CATHEDRAL	CEMETERY	BALTIMO	R.E.	MARYLAND
25	A. DATE REC'D	BY HEALTH DEPT	DER NAME	OF REGISTRAD	25C. FUNERAL	DIRECTOR		ADDRESS

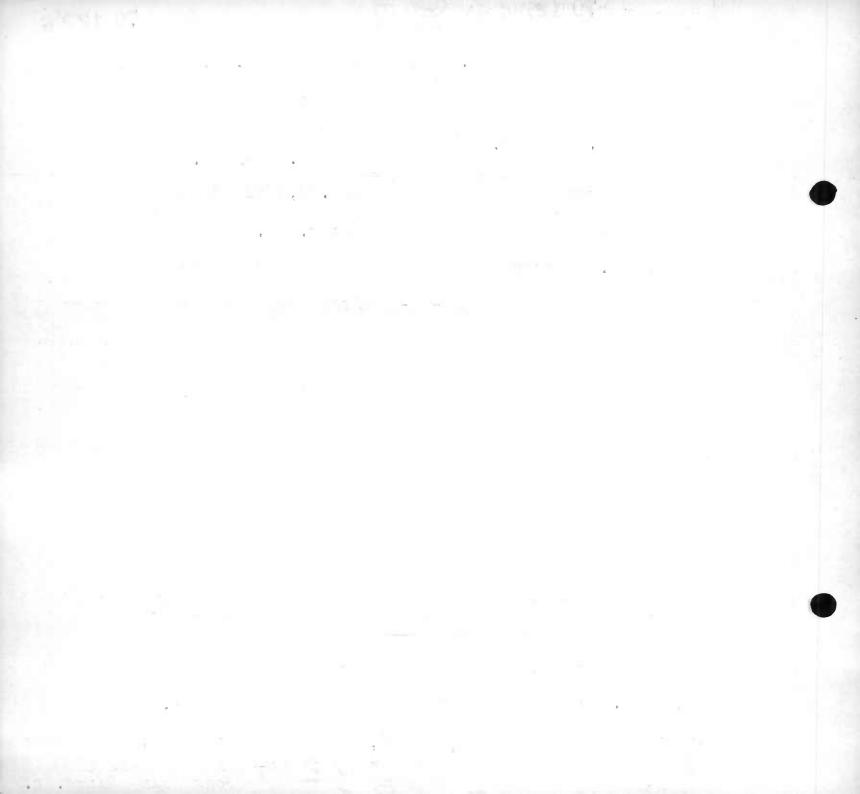
MITGHELL-WIEDEFELD

6500

BALTO . MD .

HOME

YORK ROAD

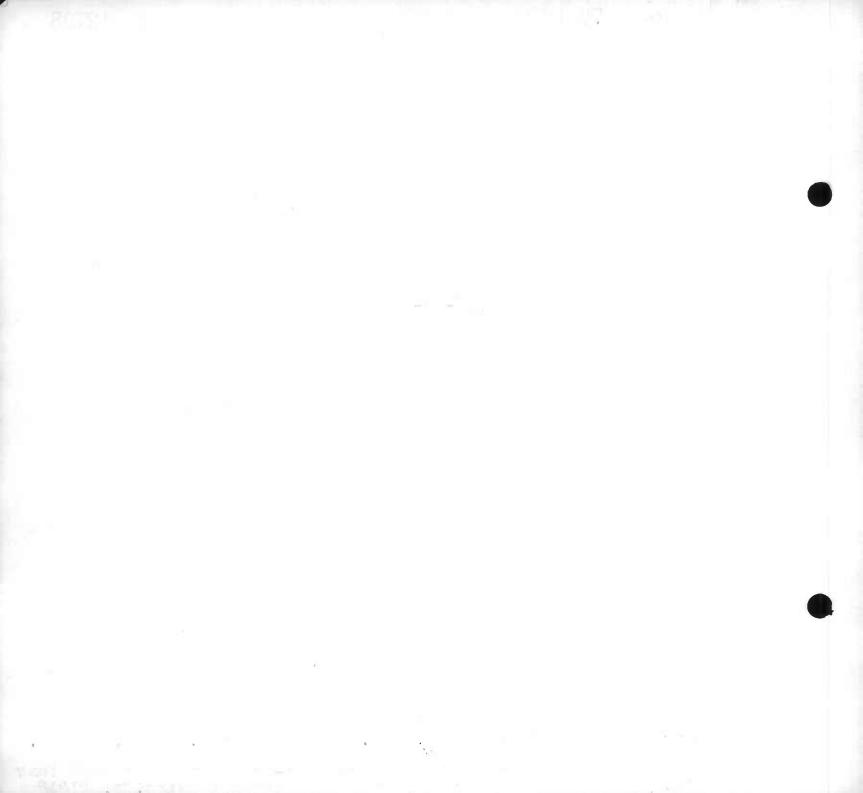


FUNERAL DIRECTOR: IMPORTANT

1	W-425 70 1	ンプロフ	TE OF DEATH REG. NO. 70 12797
1,	RTH NO.  NAME OF DECEASED  YPE OF Print)  WILSON	ANNE H.	2. DATE AND HOUR OF DEATH Dec. 28/12 1970   2.45 A
3.	PLACE IN BALTIMORE, MARYLAND, WHE		4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
FI		OR INSTITUTION, GIVE STREET	MARYAND  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
r	UNION N	1EMORIAL	BALTIMORE. YES AND THE
4	14	HOSPITAL.	E. STREET AND NUMBER  3333, BY CHARLES APARTMENT
5.		MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years Months Days Hours Min.
10.	A. USUAL OCCUPATION (Give kind of work 108	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)   12. CITIZEN OF WHAT COUNTRY?
90	Housewife		VirginialNITED STATES
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	Robert L. Ho	~	Susan Fitchett
15. (Ye	Was Deceased Ever in U.S. Armed Forces? os,no or unknown) (II yes, give war or dates of	service) 1 6. SOCIAL SECURITY NO.	Welshire, Wilmington, Del
	No	216-44-4706	Geo. L. Fosque 1205 Chadwick Rd
_	18. 24 / 2 21)	CAUSE OF DEATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECT	TLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	WALLEDIATE CALL	SE CONDIA CHANA COM
	(This does not mean the mode of dyi heart loiture, asthenia, etc. It means the	nd. an	CONSEQUENCE OF: (CONSEQUENCE)
	injury or complication which caused dec	ath.l	(wsystou)
	ANTECEDENT CAUSES	Flore B	2 dia anno Con to Ascir
	DISEASES OR CONDITIONS, il any,	giving DUE TO, OR AS	A CONSEQUENCE OF:
	rise to the abave cause (A) sta UNDERLYING CONDITION last.	ling the	Hypertoune Heart
	ONDEREING CONDITION IGST	(c) / COV()	Hus Hour Jaims 1903eak.
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO THE TO	ERMINAL	Myseardial Excitibility
CA	19A. DATE OF OPERATION 19B. CONDITION	(A).	1204
TH	WAS PERFORM	MED WHICH OPERATION	20A-AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., in	or chaut 21 C. WHERE DID
CAL	DEATH (notily modical examiner)	home, form, factory, street, offi	or obout 21 C. WHERE DID (If In Boltimore City, give exact location) ce bldg., INJURY OCCUR?
MEDI	21 D. TIME (Month) (Day) (Year) (H	out 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2	(APPROX.)	While At Work At Work	
	22. I certify that (1) (this hospital) at		12:27.197019 10 12:28 1970
	that (1) (we) last sow the deceased al	live on 12. 2	D 19 70 and that in(my) (our) opinion death occurred an the date
	and hour and from the causes stated	above. (1) (We) (did) (did not) vi	ew the body after death.
	23A. SIGNATURE	1	23B, DATE SIGNED
	Mahmort	Wall My Atten	ding Med. Staff Dec. 28th 1970
	23C. PHYSICIANS NAME (Typel MAHMOO!	- OKEE	ADDRESS THE UNION MEMORIAL HOSPITAL
24/	BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CREA	
	Burial 12/30/7		Colored Colored Colored
25/		St Marys Epis.	Ch. Cem. Emmorton, Md.
11	N 81 P 40	NAME OF REGISTRAR	25Q. FUNERAL DIRECTOR ADDRESS
J 1	150-REV. 1/1/68	Den M.D.	Mitchell-Wiedefeld Home 6500 York Rd
٠	124-15-10-17-17-00		

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		70 12798 CERTIFICATE OF DEATH PEG NO 70 12798
	and eath ased the Such	BIRTH NO. CERTIFICATE OF DEATH
		Type of Print FOW BLE george V. 2 DATE AND HOUR OF DEATH  December 26 19 70 1 4 50 0
	hospital ise of c (5) Dece ance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	hosp ise (5) i anc dea	A. STATE B. COUNTY
	⊃ च	HOSPITAL OR ADDRESS OR LOCATIONI
		Union memorial hospital 33 rd and labertating City of Baltunore 212 VES X. NO
	ting d cau r att	44 Boltimore Horyland 21218. E. STORET AND NUMBER Of 100 municipality
	T O O D	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in years   If Under 1 Yr. If Under 24 Hzs.
	0 - 0 0 4	anote willowed FA DIVORCED 1 03 - 26 - 84 lost birthdoy) 86 Months Doys Hours Mine
		10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  done during most of working fife, even if retired)  12. CITIZEN OF WHAT COUNTRY?
	ded Uno as as	The way.
E	in (4)	Mr. John FOWBLE. 14. MOTHER'S MAIDEN NAME FOWBLE. TOBY
A		15. Wes Decessed Ever in U. S. Armed Forces?  16. SOCIAL  17. INFORMANT of
IMPORTAN	is the Sirie	NO 217-03-9328 mental and Colvert treet of the Notar
0	s and and or	18. 5 4 0 1 0 1 CAUSE OF DEATH
Ξ	<u>~</u> 0 ⊃ ← 0	15ADING TO DEATH
••		(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease,
OR	iner actu pro ular mba	injury at complicolian which coused death,)
5	aminer. A fractu Nho pro	DISEASES OR CONDITIONS, if ony, giving  Tise la the above cause IA) solving the
DIRECT	(3) (3) In V	UNDER YING CONDITION Ind
	lica cal ns; icia icia	(C)
UNERAL	medical medical burns; physicic an was	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)
2	dy dy	S. IDISEASE OK CONDITION GIVEN IN PART 1 (A)
5		WAS PERFORMED  IN CERTIFYING CAUSES OF DEATH?
14.		U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., In or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
	spi spi	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
		(APPROXI While At Work At Work
	ppro the any (exc an	22. I certify that (I) (this hospital) attended the deceased from 12 - 18 19 70 to 12 - 26 19 70
	_ 0	that (1) (we) lost sow the deceased alive on 12 25 ond that in(my) (our) opinion death accurred on the date
	ust be a eased to ident of nospital death) must b	and hour and from the causes stated above. (1) (We) (dld) (dudies) view the bady after death.
	- V C A	23B DATE SIGNED
		23C. PHYSICIAN'S NAME (Type)  Aftending Med. Director Phys. 26 Dec 70 of 5 And 23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS
	certificate moody was rel ss. (1) An acc D.O.A. at a l ased prior to	FATIH SALIH ZADA. Union memorial workers of and alle
	さん 〇 。	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)
	the body the body shows: ( was D.C decease	BURIAL 12/29/70 PARKWOOD CEM. BALTO. COUNTY, MD.
	This of the bashow was deceded	JAN 5 1971 P.C. S. R. NAME OF REGISTRAR DISCONUMERAL DIRECTOR ADDRESS VORK
		VS 150-REV. 1/1/68



IMPORTANT

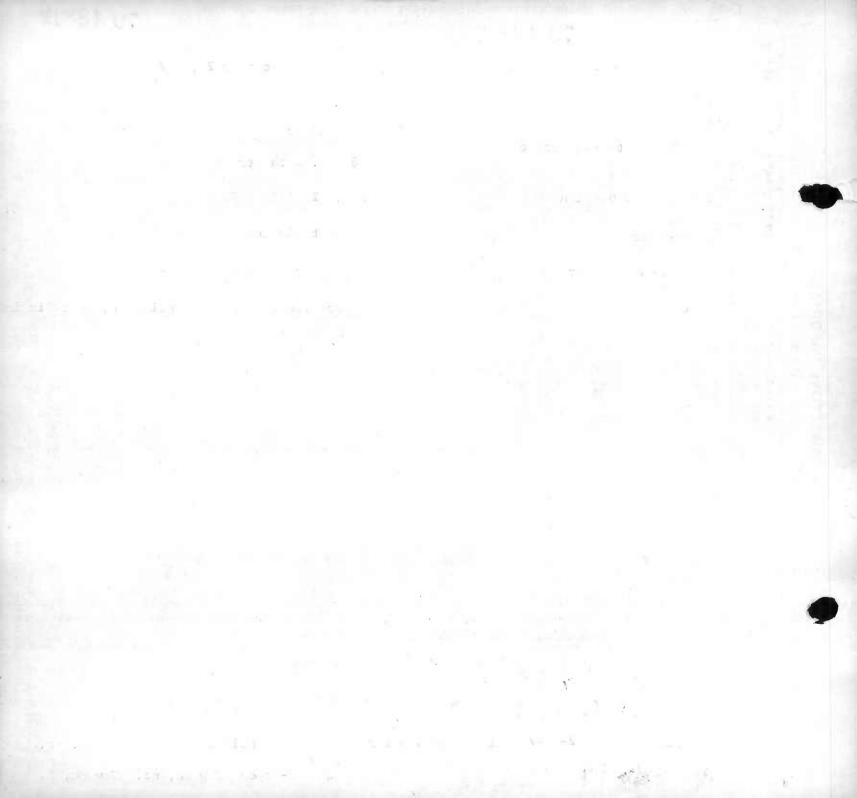
FUNERAL DIRECTOR:

10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTY   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)   (If yes, give war or dates of service)   16. SOCIAL   SECURITY NO. 217485810   17. INFORMANT   ADDRESS   18.   CAUSE OF DEATH   18.   CAUSE OF DEATH   19.   CAUSE O	9							
Gertrude White  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION  Mercy Hospital, Inc.  Mercy Hospital, Inc.  Mercy Hospital, Inc.  S. SEX  S. RACE  7. MARRIED   NEVER MARRIED   7. MARRIED   7. MARRIED   7. MORDING bird bird bird bird bird bird bird bird								
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  MO. BALTIMORE  Mercy Hospital, Inc.  Mercy Hospital, Inc.  Mercy Hospital, Inc.  Mo. C.CITY OR TOWN  E. STREET AND NUMBER  Dulaney Valley Rd.  S. SEX  6. RACE  WIDOWED DIVORCED  TOA. USUAL OCCUPATION (Give kind of work) [0E, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) Homemaker  Homemaker  Wm. McGrath  15. Was Deceased Ever in U. S. Armed Forces? (Tes,no or unknown) [0ff yes, give wor or dates of service)  NO  18.  18.  16. SOCIAL  SECURITY NO.  2.17485810  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart localized and many and complication which caused death.)  ANTECEDENT CAUSES  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before and A. STATE  R. COUNTY  Baltimore  O. INSIDE CITY LIMITS?  YES DATE OF BIRTH  9. AGE (in years if unity)  10. INSIDE CITY LIMITS?  YES DATE OF BIRTH  9. AGE (in years in Under 1 Yr. II Under								
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  MO.  Mercy Hospital, Inc.  Md.  Baltimore  Md.  C. CITY OR TOWN  D. INSIDE CITY LIMITS?  VEST TOWSON  E. STREET AND NUMBER  DulaneyValley Rd.  S. SEX  S. RACE  WIDOWED  DIVORCED  7/13/83  100.  100. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Homemaker  Wm.  McGrath  13. FATHER'S NAME  Wm.  McGrath  15. Wes Decessed Ever in U. S. Armed Forces?  IVes, no or unknown) [III yes, give wer or doles of service)  NO  16. SOCIAL SECURITY NO.  217485810  Mrs Mary De Wald 129 Murdock Rd.  CAUSE OF DEATH  (Ihis does not mean the mode of dying, e.g., heart foiluse, asthenic, etc. It means the disease, injury or complication which caused deoth.)  ANTECEDENT CAUSES  MG.  Baltimore  Md.  Baltimore  Md.  Baltimore  M.  Baltimore  Mo.  INSIDE CITY LIMITS?  VEST Towson  P. INSIDE CITY LIMITS?  VEST Towson  P. AGE (in yeors   10 under 1 Yr.   11 Under 1 Yr.   11	mission!							
E. STREET AND NUMBER DulaneyValley Rd.  5. SEX  6. RACE  WIDOWED  DIVORCED  7. MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  7. MARRIED  NEVER MARRIED  NEVER MARRIED  7. MARRIED  NEVER MARRIED								
S. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost birthday)   Months; Doys Hours   Months; Doy								
WIDOWED DIVORCED 7/13/83   10 notes   17/13/83   17/13/83   10 notes   17/13/83   17/13/								
Homemaker    Charleston S. Carolina   USA	24 Hrs. Min.							
Wm. McGrath  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO. 217485810  No  18. Lading To Death  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. if means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  No Mary Kanapaux  17. INFORMANT  Mrs Mary De Wald 129 Murdock Rd.  CAUSE OF DEATH  (A) IMMEDIATE CAUSE Purtured and down of a consequence of:  ACT OF CAUSE OF CAUSE OF:	UNTRY							
SECURITY NO. 217485810   Mrs Mary De Wald 129 Murdock Rd.								
No  217485810  Mrs Mary De Wald 129 Murdock Rd.  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heard follow, asthenic, etc., if means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  Mrs Mary De Wald 129 Murdock Rd.  CAUSE OF DEATH  (A) IMMEDIATE CAUSE Purplimed and and an accorded to the property of the								
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	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  DUE TO, OR AS A CONSEQUENCE OF:  ACVIC CHECKED							
DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) staling the UNDERLYING CONDITION Tost.  (B)  DUE TO OR AS A CONSEQUENCE OF:	100001							
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A).  179A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1 218 BLACE OF INHURY (A. I. a.								
OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medicol examiner) (It in Bultimore City, give exact location)								
21D.TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not Work At Work								
22. I certify that (1) (this hospital) attended the deceased from 19 to 19 to 19 that (1) (we) last saw the deceased alive on 19 o'and that in(my) (aur) opinion death accurred on the	o data							
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	- 4910							
23A. SONATURE  Attending Med. Stoff Director Phys.   23B. DATE SIGNED								
23C. #HYSICIAM'S NAME (Type)  23D. ADDRESS  301 St. Paul St.								
24A. BURIAL CREMATION, PARTIE PROPERTY OF CREMATORY PROPERTY OF CREMATORY PROPERTY OF CREMATORY PARTIES PROPERTY OF CREMATORY PARTIES PROPERTY OF CREMATORY PARTIES PROPERTY PAR								
25A. DATE REC'S BY HEATH PER ASE PANY OF REGISTRAR 25C TUNERAL DIRECTOR ADDRESS Mitchell Wiedefeld Home 6500 York Balto	ote)							

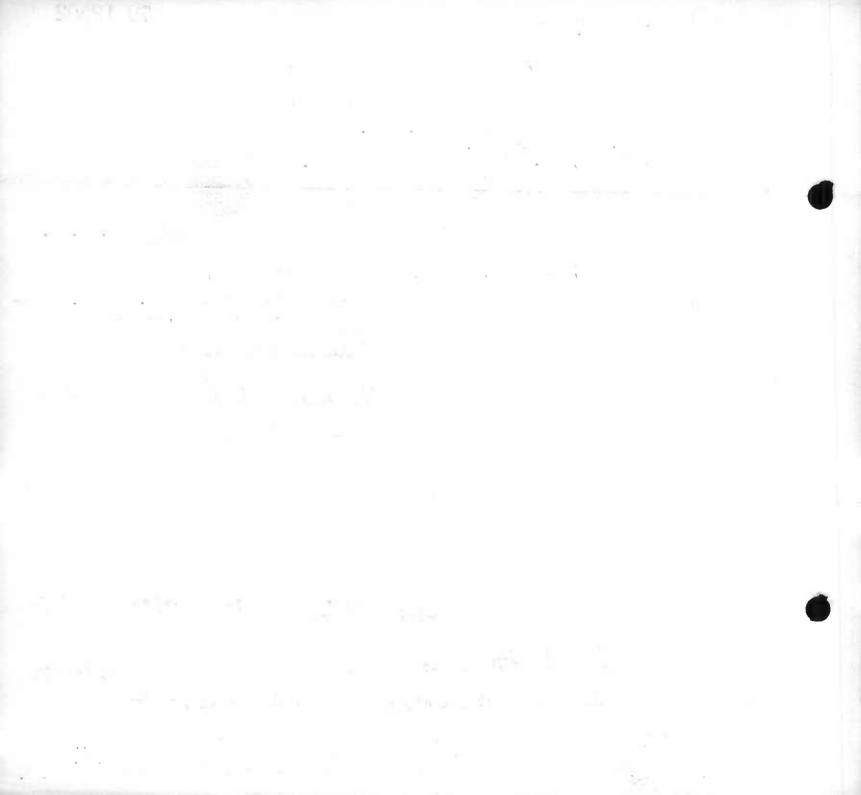
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	1	ı
•	this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death thows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such vitten approval must be obtained before the remains are embalmed or final disposition is made.	
FUNERAL DIRECTOR: IMPORTANT	al examiner or his assistant if examiner. Also, if the direct (3) A fracture of any kind; (4) an who pronounced death win regular attendance on the ns are embalmed or final dispons	
FUNERAL D	approved by the chief medical to the hospital by a medical of any nature; (2) Body burns; all (except where the physician was be obtained before the remain	
	his certificate must be he body was released hows: (1) An accident was D.O.A. at a hospit lecased prior to deat vitten approval must	12

	T 255 BALTIMORE CITY HE	EALTH DEPARTMENT					
ı	BIRTH NO. CERTIFICATE	E OF DEATH REG. NO. 70 12800					
	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
	Type or PringMRS. ECKMANN, GRACE. W.	12.23.70, 12.10 P.M.					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4.	USUAL RESIDENCE (Where deceased lived if institution: residence before admission)					
ı	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND Salto CO					
Ŋ	INSTITUTION	CITY OR TOWN TOWS ON D. INSIDE CITY LIMITS?					
	IHE UNION MEMORIAL	E. STREET AND NUMBER					
I		502 Dog wood LANE. 5 500					
	5. SEX 6. RACE 7. MAPPIED ALAPPIED 1 8. C	DATE OF BIRTH 9. AGE (In years III Under 1 Yr. II Under 24 Hrs.					
		10.06.03.1 6/ 1 : :					
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Ш	House write.	MARYLAND UNITED STATES					
	13. FATHER'S NAME	MOTHER'S MAIDEN NAME					
J	MR. SIMON ZEPP.	Catherine Behn					
	(163, no or unknown) (it was, give wor or doles of service) } CECTIBLY NO	INFORMANT 502 DOGWOOD Rd ADDRESS					
li	No 212-10-94838	MR. WARREN ECKMAN.					
1	18. A CAUSE OF DEATH	APPROXIMATE INTERVAL					
Ш	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH					
Ш	LEADING TO DEATH  IThis does not mean the made of dying, e.g.,  (A) IMMEDIATE CAUSE  DUE TO COMMON STATES OF THE PROPERTY OF T	Myscardial infarction					
1	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DNSEQUENCE OF:					
Ш	ANTECEDENT CAUSES	l. t.					
П	DISEASES OR CONDITIONS, if any, giving Due To, OR AS A CO	ONSEQUENCE OF:					
	inse to the above cause (A) slating the						
	II	Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan					
Ш	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	· I					
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (A).						
Ш	198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING [1] 21B. PLACE OF INJURY (e.g., in or or contribution).						
ш.	OB CONTRIBUTION OF THE OF	obout 21 G. WHERE DID (It in Boltimore City, give exact location)					
	DEATH inefify medical exeminer)  21D. TIME (Month) (Doy) (Year) (Haud) 21E INJURY OCCURRED  Will A. Wille	OLE MOW DID IN THIS COURS					
	[ A DABO A7] LAOL AND COLUMN AND	21F. HOW DID INJURY OCCUR?					
Ш	Work L. At Work L.						
	22. I certify that (1) (this hospital) attended the deceased from	11 do 19 70 to 12.23 19 70.					
В	۸	19 7 & ond that in(my) (our) opinion deoth occurred on the date					
Ш	and hour and from the causes stated above. (1) (We) (did) (did nat) view						
1	Attending	23B, DATE SIGNED					
	23C. PHYSICIAN'S Page Phys.	Med. Stuff Director Phys. ADDRESS					
1	NAME (Type)	11 TO 1 // /					
2	24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY OF CREMAT	IORY 24D. LOCATION (City, town, or sounty) (Sigle)					
	Burial 12/26/70 Baltimore Ceme						
2	25A DATE TECH BY WALTER BOTH	25C. FUNERAL DIRECTOR ADDRESS					
1	IAN 5 1071 C.C. C.C. 2.0	mitchell Wiedefeld 6500 pour					
T	VS 150-05V 1/1/68	movement outperferent purpose					

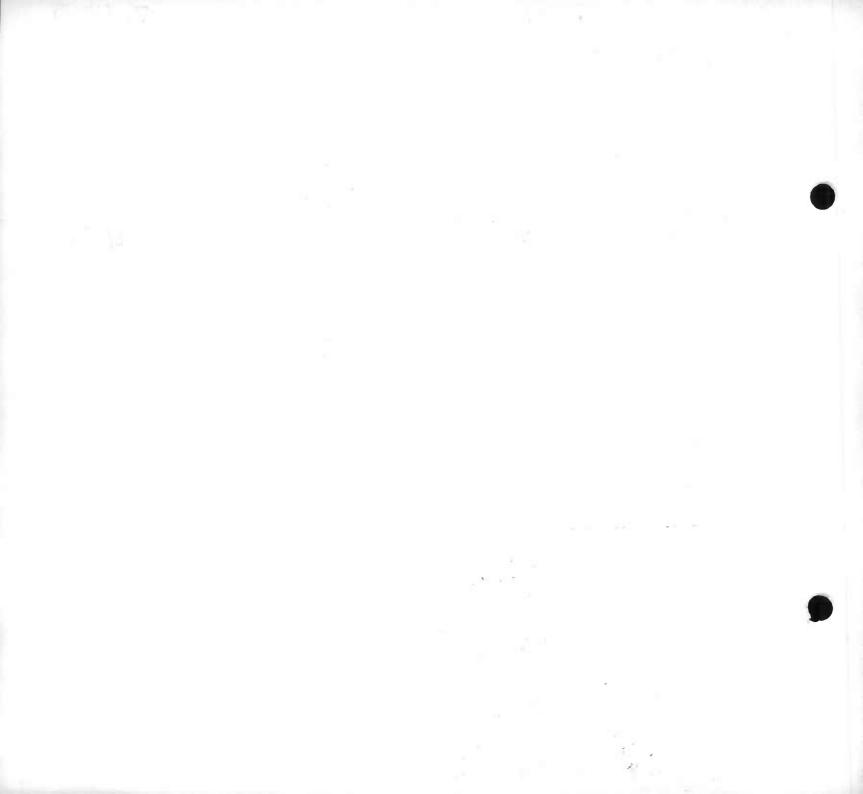


1	2011			BALT	IMORE CIT	HEALTH DEPARTMENT		170	1280	12
	) 02/6 H NO.		2802	CE	RTIFICA	TE OF DEATH	REG. NO	70	Treat	
	AME OF DECEA: e or Print)		D MB	) V		2. DATE A	ND HOUR OF DEATH	1		
2 0	LACE IN PALTIN	OSBOURNI				7:30	AM 12/30	/70		
3. F	CACE IN BALIIN	ORE, MARYLAND, W	HERE PRON	OUNCED DEA	ND.	4. USUAL RESIDENCE IWH	NTY	institution:	residence befor	re odmission)
FUL	L NAME OF	(IF NOT IN HOSPIT	AL OR INST	ITUTION, GIVE	STREET	Maryland				
INS	TITUTION	on Hill N		a & Co	nsz C+	C. CITY OR TOWN	D. IN	SIDE CITY	LIMITS?	
a		W. Lafaye			iiv. Ct	Baltimore E. STREET AND NUMBER		YES	] NO[	<u> </u>
1	Balt	imore, Md		217		39 S. Car	ey Street		180	3
5. \$		RACE	7. MARRIE	NEVER A	AARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	II Und	er 1 Yr. If U	Jnder 24 Hrs.
	emale	White	WIDOWE		ORCED	8/7/18	52		50,5	
done	USUAL OCCUPA	TION (Give kind of work ling life, even if retired)	10B, KIND	OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (State or for	eign country!	12 <b>. CI</b>	ZEN OF WHA	T COUNTRY
	Unknown		l F	Housewif	e	Maryland			U.S.	Α.
13. F	ATHER'S NAME		1			14. MOTHER'S MAIDEN NA	ME			
	7-7-1	liame sessibili	PARTER V							
15. V		liams xx by		1. Via	nds	17. INFORMANT	gbeam, Mar	Y	ADDRESS	
		er in U. S. Armed For yes, give wer or dele	s of service	SECURI		Bolton Hill	Nursing (	ltr.		Lafa
	10			7		vette Ave				Dara
ĺ	18. 18 6	XI		CAUS	E OF DEAT	н			APPROXIMAT	TE INTERVAL ET ANO OEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  WATER THE CONTROLLY CAUSE WATER TO BE SHOWN C							7	)	
	(This does not	meen the mode of	dving. e.c	( · · / · · ·	MEDIATE CAL		cowa -			7
- 1	heart failure, ast	henia, etc. It meens	the diseas	θ,	UE IO, OR AS	A CONSEQUENCE OF:	6			
			deam./			11. 8 1	1		1 2	7
		ECEDENT CAUSES		(B)		Mitastasis	10 veres			7
	rise to the c	CONDITIONS, it of the condition is a condition last.	any, givin sloting th	g DI e (C)	JE T <b>O,</b> OR AS	A CONSEQUENCE OF:	nu.			
-		11		(C)					,	
N.	OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING	;	A8	8.C.V 10:	0 - 0		1	
¥ E	TO THE DEATH R	UT NOT RELATED TO TH	IE TERMINIAI	******	//	5 - V . 100-E	race			
CERTIFICATION	9A-DATE OF OP	ERATION 198. CON	DITION FOR	WHICH OPER	ATION	20A. AUTOFSYR (Yes or N	o) 208, IF YES, WERE IN CERTIFYING CA	FINDING:	CONSIDERED DEATH?	D
8	A ACCIDENT	WAS UNDERLYING	21	R. PLACE OF I	NJURY (e.g., i	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltima	re City, al	ve exact lacatlo	an!
< 11	DEATH (notify me	dicol exemined	ho	me, farm, foct	ory, street, o	fice bldg., INJURY OCCUR?	<i>(</i> ,			**/
$\leq$		onthi (Doy) (Year)	(Hour) 21	& INJURY OC	CHRRED	215 HOW DID IN	tuey o colleg			
51	OF INJURY	(50)		hile At	Not While	21f. HOW DID IN	JURY OCCURY			
	APPROX.)		W	ork	At Work					
1	2. I certify tha	t (1) (this hospital)	) attended	the decease	d from	12/18	19 7 0 to /	2/30		19 70
1	hat (1) (we) las	it saw the decease	d alive an	1	2/2/	19 70 and th	hat in (my) (aur) ap	inian dec	th accurred	an the date
-	and hour and fro	om the causes stat	ed abave.	(I) (We) (did)	(did nat) v	lew the bady after death.	•			
	3A. SIGNATURE	0 1	11-	1				238, DA	TE SIGNED /	
	Trans . Delle like Attending Med. Director Phys.   1836 70									
1	NAME (Type)	JoSEPI	45.	BLU		23D. ADDRESS	-CALVED-	- 5	_	1
24A.	BURIAL CREMAT	TION, 248. DATE	24C.1	NAME of CEM	DEGREE ETERY OF CRE	MATORY 24D. I	OCATION (C	ity, town,	or county!	(Stote)
	Burial	- 1 . 1	Λ-	dinates						10.0101
25A.	DATE REC'D BY	1/4/71		lington of REGISTRAI	6.5	0 0 1	lington		Va.	
1	M 5 40	M Robert E.			1,0	25 STHNE ALDRESTO			n APPEN icott C:	
VS 1	50-REV. 1/1/68	The Arche of	0-000			TTTETTIOO OTTOM	DIGON	211	LCCCC C.	TOY , INC.





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FUNERAL DIRECTOR:

111-631	λ		BALTIMORE CITY	HEALTH DEPARTMENT		70 12807.
BIRTH NO.	70	12807	CERTIFICA	TE OF DEATH	REG. NO.	10 11007,
1. NAME OF DEC	EASED			2. DATE	AND HOUR OF DEATH	
(Type or Print)	FRANK	10/	ARD		7/7//70	3.45 PM
3. PLACE IN BAL	TIMORE MARYLAND, W	VHERE PRONOUN	CED DEAD	14. USUAL RESIDENCE IV	There deceased fixed. If in	stitution: residence before admission)
1000		THE TROTTO OIL	GED DEAD	A. STATE B. CO	אואש אואש	thought testdence belote damission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTI	ON, GLYE STREET	3609 140	Islem HVE	#11
HOSPITAL OR	ADDRESS OR LOC.	AIIONI	16.	C. CITY OP TOWN	D. INSI	DE CITY LIMITS?
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Jan Mary		100		E. STREET AND NUMBER	₹	3 7 63
142				3604 Malde	n Ave.	1338
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Days Hours! Min.
M	W	WIDOWED	DIVORCED	4/28/02	lost birthday	Months Days Hours Min.
IOA, USUAL OCC	JPATION (Give kind of world			11. BIRTHPLACE (State or I		12. CITIZEN OF WHAT COUNTRY
done during most of	working life, even il retired)					
Painter	)	Self-En	nployed	S. Caroli	na	USA
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
James	Ward				Donaldson	
15. Was Deceased	Ever in U. S. Armed For	11.6	SOCIAL	17. INFORMANT		
(Yes, no or unknown	Of yes, give war at date	s of service)	SECURITY NO.			ADDRESS
No		12	248-05-445	B Etta Ward	- 3604 Mald	en Ave.
18.	5.01		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DI	RECTLY		P .	)	BETWEEN ONSET AND DEATH
1 1	LEADING TO DEATH		(A)IMMEDIATE CAU	ac (andier	anhyla.	o mimols
(This does n	of mean the made of	dying, e.g.,		A CONSEQUENCE OF:		
injury of com	asthenia, etc. It means	death.)				
	ANTECEDENT CAUSES		D- 6.	1 - 50	12 1/1/2	No.
			(B) 70 00 16	· Simon	a my	ing pens
	R CONDITIONS, if above cause (A)		DUE TO, UK AS	A CONSEQUENCE OF:		
	CONDITION last.	ording the	(c) h	by stema	tic fever	years
	11					
OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING				
E TO THE DEAT	H BUT NOT RELATED TO THE ONDITION GIVEN IN PAR	HE TERMINAL	************************			
	OPERATION 198. CON	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or		INDINGS CONSIDERED
19A-DATE OF	WAS PERI	FORMED		VEJ	IN CERTIFYING CAU	ISES OF DEATH?
U 21A. ACCIDEN	IT WAS UNDERLYING	218, PL	ACE OF INJURY (e.g., is	or obout 21 C WHERE DID	fif in Baltimare	City, give exoct location)
OR CONTRIBU	TING CAUSE OF		form, factory, street, of	fice bldg., INJURY OCCUR?	h in somione	Chy, give exoct locollon;
U		0 0	-			
OF INJURY	(Month) (Day) (Year)	(Hour) 21 & IN	JURY OCCURRED	21F. HOW DID 1	NJURY OCCUR?	
(APPROX)		While	At Work	47 -		
22 1	.1 . 400 (.)			12/16	- 3.	1-1-
	that 🎏 (this hospital		deceased from		_19 <u></u>	12/3/ 1970
	last saw the decease		12/3/	19ond	that in (my) ( opin	lan death accurred on the date
and hour and	from the causes stat	ed abave. <b>(</b> (	Ve) (did) (diamory	lew the bady after deat	h.	
23A, SIGNATU	RE O	1 1	1 1			23B, DATE SIGNED
1	Albers 64	Sorber	AHO!	nding Med.	Staff [Z]	12/3//70
23C. PHYSICIA	N'S		DEGREE Phys	Director L	Staff Phys.	1931/1
NAME (T)	rpe)	c Dage	3 417	ADDRESS	11.1 1	200
		S. BARE	SEDO, MY	Juner /	Tost. of	Sellimore
24A. BURIAL CREA	MATION, 248, DATE	24C. NAMI	of CEMETERY of CRE	MATORY 24D.	LOCATION (City	y, town, or county) [Stote]
Burial	1/1/7	1 Lorrs	aine Park	Cemetery Be	ltimore,	Md.
25A. DATE-REC'D	AV HEALTH DEAT	DER MARAE OF		2000	(9)	****

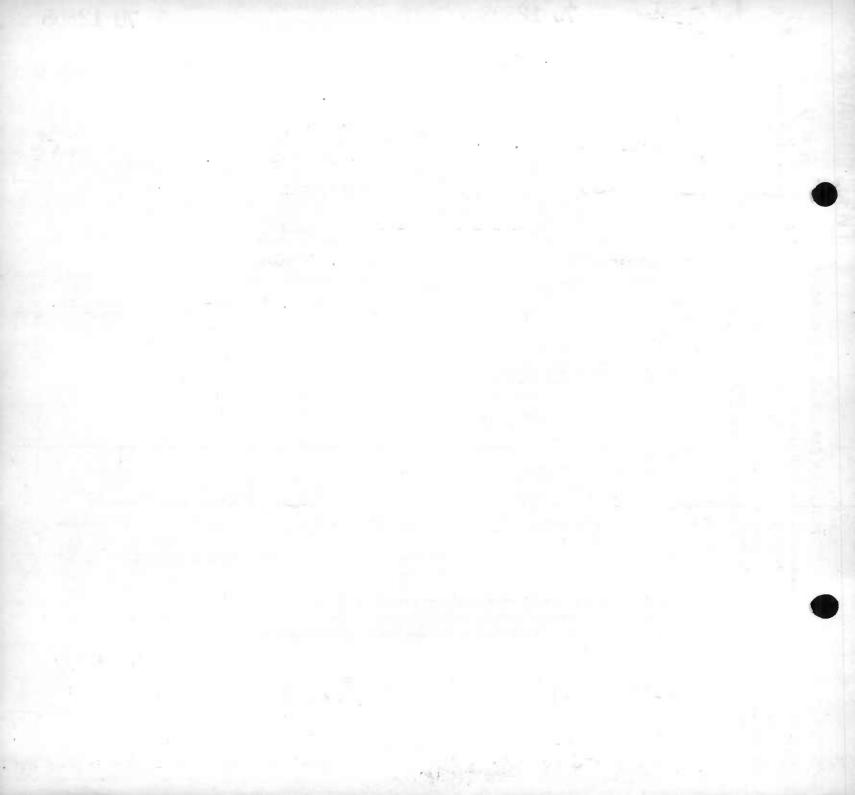
Roland Donovan Funeral Home-3818 3 VS 150-REV. 1/1/68

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DIRECTOR:

VS 150-REV. 1/1/6B



DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



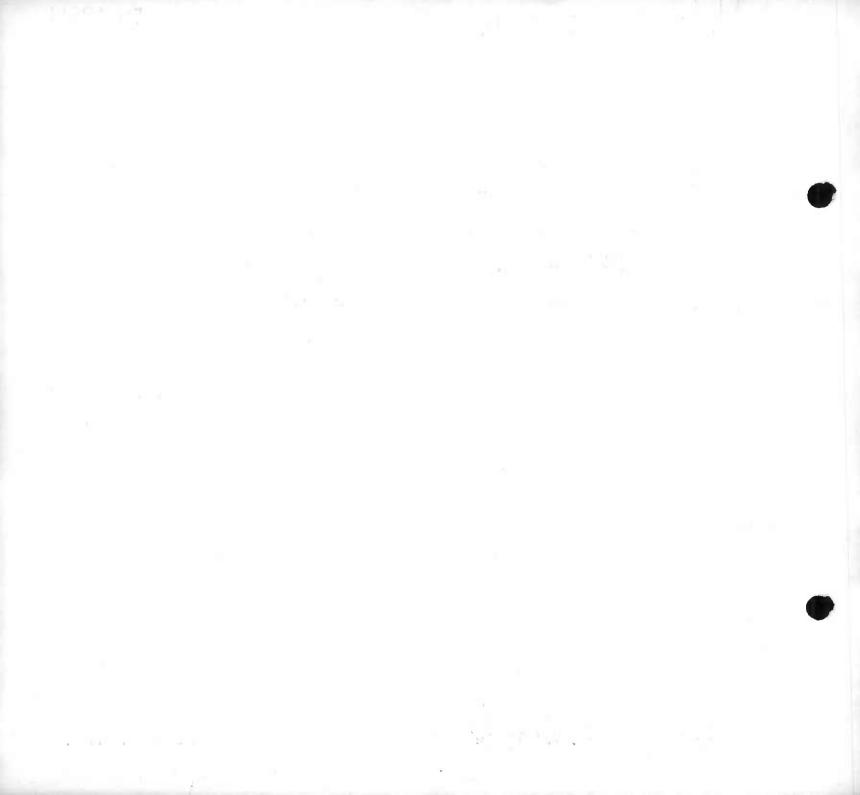
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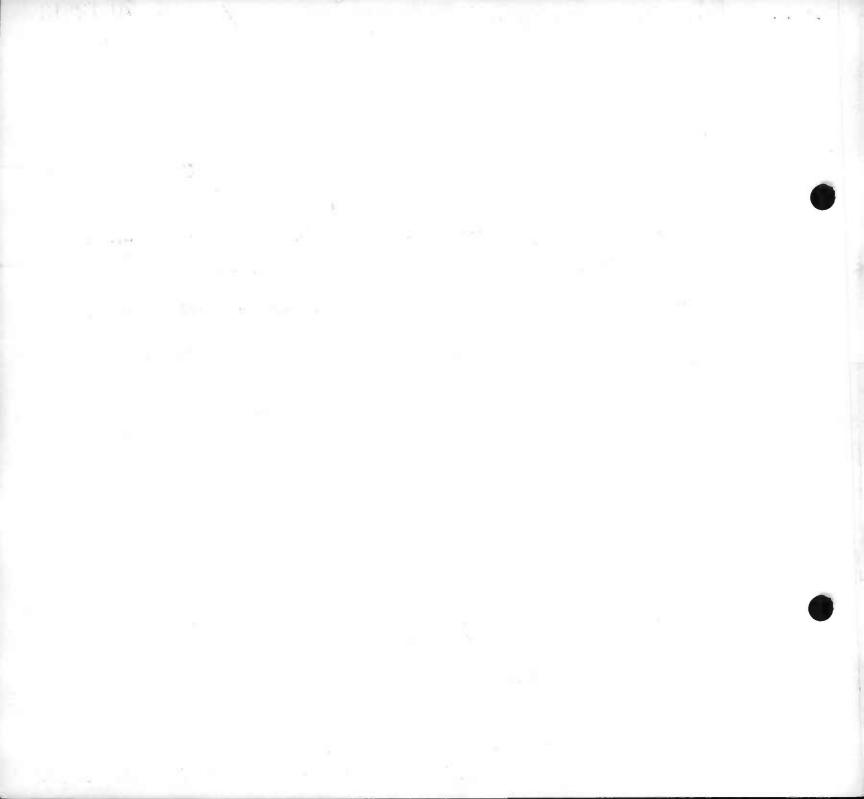


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Tae	eced	0	٠.		3, 1	PLA
Jse o	nows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ance	o death); and (6) No physician was in regular attendance on the deceased prior to death. Such		BIR 1. N (Typ 3. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LL
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as Le	An ac	ata	rior	prove		23
dy w	3	O.A.	ed p	db	24A	. E
the body was released to	OWS	was D.O.A. at a hospite	leceased prior to	written approval must be	25A	4
부	Sh	3	ď	}	VS	A 150

/			BALTIMORE CITY	HEALTH DEF	ARTMENT		70	12812
BIRT	520 70 1	113	CERTIFICA	TE OF	DEATH	REG. NO	70	rearc
	OF DECEASED DOROTH	MAY	PEREG	oy	2. DATE AN	D HOUR OF DEATH	0 1	2:50 P. M
3. P	E IN BALTIMORE, MARYLAND, W	PRONOUNCE	1-11-0		SIDENCE (When	o deceased lived. If in	stitution: roside	ence bolore odmission)
HO	AME OF (IF NOT IN HOSPIT	R INSTITUTION	, GIVE STREET	Maryla c. CITY OR TO	ind		IDE CITY LIMIT	\$?
114.3	ION			Balt	imore		YES Z	NO
81	919 Alvarado.	HOVE		E. STREET A	ND NUMBER		19	The sail Co
	111 //1047460	1416		2919	9/VGYADO	square	- Comme	13 1
5. S	nale White	ARRIED NE	DIVORCED DIVORCED	May 12,		9. AGE (In yours last birthdoy)	If Under 1 Months Doy	Yr. II Under 24 Hrs. ys Hours Min.
IOA.		KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLA	CE (State or foroi	gn country)	12. CITIZEN	OF WHAT COUNTRY
lone	mg most of working lite, even if retired)	4 How	10	EV	roland		U.	SA
3. 1	ER'S NAME	1/0 0/1	-	14. MOTHER	S MAIDEN NAM	A E		.,
	fred Charles H	Kins		Ade	laide C	ousins		
Yes	Docoased Ever in U.S. Armod For runknown) (If yos, give wor or doto		OCIAL ECURITY NO.	17. INFORMA				DDRESS
	None			Danie	2/ A. Yer	CAOV 2919,	Alvarado	2 29. palto.
	410.4		CAUSE OF DEAT	H		11		PPROXIMATE INTERVAL
	DISEASE OR CONDITION DI	LY						
	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE CEre	bral Be	scular Ac	cident	6 hrs.
	s daes not mean the made af I failure, asthenio, etc. It means		DUE TO, OR AS	A CONSEQUEN	CE OF:			
	y or camplication which caused	lh.)						
	ANTECEDENT CAUSES	oscler	otic Ca	rdiovascu Disease	lar	5 yrs.		
	EASES OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUE	NCE OF:	isease		6
	ta the abave cause (A) DERLYING CONDITION last.	ing the	(c)					
			(C)					
ATION	II  ER SIGNIFICANT CONDITIONS CO HE DEATH BUT NOT RELATED TO T	RMINAL	Parki	nson D	isease			8 mo.
ERTIFICA	ASE OR CONDITION GIVEN IN PAR DATE OF OPERATION 198. CON WAS PER	ON FOR WHICH	H OPERATION	20A. AUTO	PSY? (Yos or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CO USES OF DEA	NSIDERED TH?
O	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	n or about 21 C. ffice bldg., INJU	WHERE DID JRY OCCUR?	(If In Boltimo	ro City, givo ex	oct location)		
EDI	TIME (Month) (Doy) (Year)	our) 21E INJU	JRY OCCURRED	21 F.	HOW DID INJ	URY OCCUR?		
ME	NJURY ROX.)	While At						
		Work	At Work	une		19 70 to Dec	ember	70
	certify that (I) (this haspita	D	ec. 24	19 7	^			19 / 0
	(1) (we) last saw the decease					at in (my) (aur) opi	nian deoth o	occurred on the dot
	haur and from the causes sta	ibave. (I) (We	) (did) (did nat) v	lew the body	after death.			
	SIGNATURE	10	1 MB				23 B. DATE SI	
	Clarence !	Less	DEGREE Phy	ending 🔀	Med. Director	Staff Phys.	12/2	.8/70
	PHYSICIAM'S NAME (Typo) Clarence	LeDoux		3023 E	astern	Awe. Balt	imore,	Md.
24A	RIAL CREMATION, 248. DATE		DEGREE OF CEMETERY OF CR	MATORY	24D. L	OCATION (C	ity, town, or co	ounty) (State)
0	AOVAL (Specily)	M Prosent	hart 4:11	Buntas	11 -	111001- 111	1000/00	2-1
250	TE DECID BY HEALTH DEDT	NAME OF REC	951	1250	/ /0	W50P, 1110	arylan	ADDRESS
ZSA	5 1071 P. A. A.D.		UTST KAK, J	2 256	RAL DIRECTOR	15-	-	ADDRESS /
67	a 1211 neroste et	whole His		1000	1 July	no sour	10000	THI MA.
VS.	FV. 1/1/68	Annual Property of	• •	0				-



1 =	2	1/	11-6:2-1 70	10040	BALTIMORE CITY	HEALTH DEPARTMENT	X	70 12813
NL-	2002		H NO.	12813	CERTIFICA	TE OF DEATH	REG. NO.	
11-0	death death ease n the	1.1	AME OF DECEASED				ND HOUR OF DEATH	
	-700 -	П	THE LIA	NURZ	2 BACKE		0 28 197	0 17:15/4.
	of of Dec ath.	3.	LACE IN BALTIMORE, MARYLAND	WHERE PRONOL		4. USUAL RESIDENCE (WHA. STATE	ere deceosed lived, If inst	lution: residence before admission)
	SI O	FU	L NAME OF UF NOT IN HO	SPITAL OR INSTITU	ITION, GIVE STREET	MI	1 1 /	10 63 -
	a horse se; (5 andan	HO	SPITAL OR ADDRESS OR L	OCATION)	TION, GIVE STREET	C. CITY OF TOWN	_ D. INSID	E CITY LIMITS?
	- 3 0	19	0			BATTM	onte.	YES NO
	ting d cau r att prior	1 9	FI AIR H	LISE ,	N PINES	E. STREET AND NUMBER		0/000
	do ar	5,				1236 NN13	OHTS WOUL	) ra + 12/2
	occurre ontribut ermined regular eased p		F 6. RAGE		_ INCOME.	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	occu ontri ermi regu regu sase	104	USUAL OCCUPATION (Give kind of	WIDOWED Work 108, KIND OF		14. BIRTHPLACE Whole or for	00	In Civital October
	det det in ion	don	during most of working life, even if retir	ed)			eign country!	12. CITIZEN OF WHAT COUNTRY?
	00 E y .=	13.	ENS SICAW	AAT	Levy & Co.	Balto. (o.		U.S.A.
	direct (4) U h wan n the	13.	Conrad Wurtzbac	chan		14. MOTHER'S MAIDEN NA		
7	dir di, (on dis	15					Seidel	
IMPORTAN	- 0 - 0 B	(Ye	os Deceased Ever in U. S. Armed no or unknown) (If yes, give wor or	dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
2	f th y ki d d anc	_	No			Lillian Goetz	e-1236 Knight	swood Rd.
0	s a if any ced		8.4/2.31		CAUSE OF DEATH	10.	- Notet	APPROXIMATE INTERVAL
3	lso of of of of of		DISEASE OR CONDITION LEADING TO DEA		arren	vecence	, tan	OHELL
	Alsonour att		This does not mean the mode	ol dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	my face	Wh.
2	iner ner. actu pro pro ular mba		heart lailure, asthenia, etc. It me injury or complication which cau	sed deoth.l	Condeso	aileson	elim -	
5	fra o De		ANTECEDENT CAU	SES	CO A A	2 1	- 001	
Ü	X A A S S		DISEASES OR CONDITIONS,	il any, giving	DUE TO, OR AS	A CONSEQUENCE OF	1/	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
DIRECTOR:	3.00 E in S		rise to the above cause (UNDERLYING CONDITION last,	Al stating the	10 AAA	weed deep	unter 11	LARISE
	lica cal ns; icia icia as		11		(0/6465		The state of the s	
AL	medica hedica burns, physici an was remai	0 0	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	W. This K	Lemma - da	andre.	
	y by phy phy ere	P. P.	DISEASE OR CONDITION GIVEN IN	PART 1 (A).	Massa I	Acarres all	with the	
FUNER	chief Body the pysicie	CERTIFICATION	WAS	ONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes of N	o) 20B, IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
5	o de e de e	CEI	TA. ACCIDENT WAS UNDERLYINDER CONTRIBUTING CAUSE OF	G 218, I	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimore C	City, give exact location)
	+= > = 0	CAL	DEATH Inotify medical examiner	home etc.)	, lorm, loctory, street, off	ce bldg. INJURY OCCUR?		only give and to contain,
	90730	ā	1D. TIME (Month) (Doy) (Ye	or) (Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	hosp natu iept d (6) ainec	2	PF INJURY APPROX)	While	Not While			
	he he hay n xce and and btai		2. I certify that (1) (this hosp		- D	7	10 (07. A)	20 70
	g - g		hot (1) (ye) lost sow the dece		12/12	716 70	19 80 210 11	19
	to the		ind how and from the causes s	//	(Who care) care dead as			n deoth occurred on the dote
	ust be eased ident nospit deat must		3A. SIGNATURE	1/1	(90) (010) (010)101) VI	ew the body offer deoth.		IB, DATE SIGNED
	3 0		Mordall	MANE	Affen Phor	ding Med.	Staff Phys.	12/20/20
	acc acc		NAME (Type)	1001010	DEGREE Phys.	Director L	Phys.	8/20/10
	certificate body was r fs: (1) An ac D.O.A. at a assed prior ten approve		DAL MO 0 11/	MINET-	150	ZID a talt	0-0	1 × 2 2 2 2 19
	A GO	24A	BURIAL CREMATION, 248, DATE	24C. NA	ME OF CEMETERY OF CREA	AATORY 24D. L	OCATION (City,	town, or county (Stote)
	Sody Sec ase		Burial 12-31	'-70 Im	manuel Luther			and an admity (Signer
	This certifithe body shows: (1) was D.O.A deceased written as	2SA	DATE REC'D BY HEALTH DEPT.	2SB. NAME OF	REGISTRALE 1	25G FUNERAL BURECTO	alto Nd.	ADDRESS
	たれたさるメ	1	AN 5 1979 P.R. 6	E. Ja Ren	ALD .	John . Will	er Inc-6415 B	elair Rd21206
	11	VS	0-REV. 1/1/6B					



VS 150-REV. 1/1/68



	curred in a hospital and	ributing cause of death	nined cause; (5) Deceased	jular attendance on the	ed prior to death. Such	nade.	
IMPORTANT	or his assistant if death oc	Also, if the direct or conf	e of any kind; (4) Undeterr	rounced death was in reg	attendance on the deceas	med or final disposition is	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a haspital and	the hospital by a medical examiner.	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
	This certificate must be ap	the body was released to	shows: (1) An accident of a	was D.O.A. at a hospital (	deceased prior to death);	written approval must be	

B-120 70 19815 BALTIMORE CITY HEALTH DEPARTMENT 70 12815
BIRTH NO. 70 12815 CERTIFICATE OF DEATH REG. NO
1. NAME OF DECEASED (Type or Pant)
BUBBUCKS PETER 12 31 70   9:10 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased fived, If institution: residence before admission in the country of the country
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET   MKIX MD.
HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
BALTIMORE YES XX NO
ST AGNES HOSPITAL E. STREET AND NUMBER
BALTIMORE, MD. 5409 MAYVIEW AVE-
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 H Months; Days Hours; Min.
MALE   WHITE   WIDOWED
10A, USUAL DCCUPATION (Give kind of work 10B, KIND OF BUSINESS DR INDUSTRY 11. BIRTHPLACE (State or loreign country)  12. CITIZEN DF WHAT CDUNT
RETIRED PRESSER LITHUANIA USA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
SIMON BUBBOCKS (SLEMON) ANNA
15 Was Decord For I. H. S. A. L. E. B. C.
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
213 20 5597 ST AGNES HOSP., CATON & WILKENS AV
18. 4 36.7   CAUSE OF DEATH   APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A)IMMEDIATE CAUSE 1/26. (Pre 1/10-1/0 Stuter U (Ciden)
heart foiture, asthenia, etc. It means the disease, injury or camplication which caused death.
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving  (B) ///// OSC/PYO/16 1/13 Cace  DUE 10, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the
UNDERLYING CONDITION last. (c)
O THE SIGNIFICANT CONDITIONS CONTRIBUTING  FOR TO THE DEATH BUT NOT RELATED TO THE TERMINAL  ACUTE  (MO) PCYS FIFTS
A DISEASE OR CONDITION GIVEN IN PART 1 (A).
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTDPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 27. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)
OF INJURY  OF INJURY
- I(V bbbOA)
22. I certify that (this hospital) attended the deceased from 12 89 1970 to XXX 12 31 1970 that (the deceased above on 12 31 19 70 and sheet in (m) contains the deceased above on 12 31 1
that (we) lost sow the deceased alive on 12 31 19 70 and that in (we) (aur) apinian death accurred on the de
and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death.
23A, SIGNATURE 23B, DATE SIGNED
Attending Med. Staff PST 12 21 70
23C. PHYSICIAN'S DEGREE 122D ADDRESS
NAME (Type)
SALVATORE QUIROZ M.D. GEGREE ST AGNES HOSPITAL-BALTO., MD. 21229  24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, Inway of COUNTY) (Stock)
REMOVAL (Specify)
Burial 1-4-1971 Most Holy Redeemer Cem Bato Md
25A. DATE REC'D AV SHEALTH DEPT.   25B. NAME OF REGISTRAR     25C. FUNERAL DIRECTOR   ADDRESS
JAN 5 1977 (Vallet & Feller R.D. Thomas & Kerting Inc 1600 Hollins St

PTR Line The state of the state of

Poplar Grave

258. NAME OF REGISTRAR

Balto, Co.

Chenoweth Jr.

**ADDRESS** 

3617 Chestnut Ave.

25C. FUNERAL DIRECTOR

Paul E.

12/30/

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

70 1281G is relefation with a terest it at first or all .al .avier meden whitered of the Latter

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? NO T If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S. ADDRESS James H. Horton 5610 Wash. Blvd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) ond that in(my) (our) opinion death occurred on the date 23B, DATE SIGNED (City, town, or county) Paul B. Ch Chenoweth 3rd3617 Chestnut VS 150-REV. 1/1/6B

. If a second of the latest the second of th

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attendance on the death.

a hospital and

	BALTIMORE CIT	TY HEALTH DEPARTMENT
	BIRTH NO. 70 12818 CERTIFICA	ATE OF DEATH REG. NO. 70 12818
	1. NAME OF DECEASED TOTAL ILLI ORIAL	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence below admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	SINH HOSP. OF PAUTO.	E. STREET AND NUMBER TOOG Park Heights Ave. In the
	TEMALE 6. RACE WIDOWED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (in years   Il Under 1 Yi.   Il Under 24 Hrs.   Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE AT HOME  3. FATHER'S NAME	SXEXIXXXXX RUSSIA USA
	ISAAC BERKOW	14. MOTHER'S MAIDEN NAME ESSIE ?
100	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (III yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	NO 218-32-2019A	MRS. NAOMI SHAPIRO, 3707 CLARKS LANE, APT. D
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITIONS CONTRIBUTING TO THE TEAMINAL DISEASE OR CONDITION STORM IT TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION BUT NOT RELATED TO THE TERMINAL	USE A CONSEQUENCE OF:  S A CONSEQUENCE OF:
EBYTE	WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
140	OR CONTRIBUTING CAUSE OF home, locatory, street of the contribution of the contributio	in or about 21 C. WHERE DID Affice bidg., INJURY OCCUR?  (If In Boltimore City, give exact location)
AAEDI	21D.TIME (Month) (Doy) (Yeor) 1Hour) 21E INJURY OCCURRED While AI Not While At Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceased from	12/1 19 to 10 1/30 19 70
	and haur and from the causes stated above. (1) (We) (did) (did and asserting	
	23C. PHYSICIAN'S	10/0
	FORTUNATO V BUZLBA	SING HOSP OF BALTO.
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRI	EMATORY 24D. LOCATION (City, town, or county) (Stote)

BURIAL 12-31 DEPT. BALTIMORE, MARYLAND NAME OF 25A. DATE REC'D BY HEALTH SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD Pale B VS 150-REV. 1/1/68

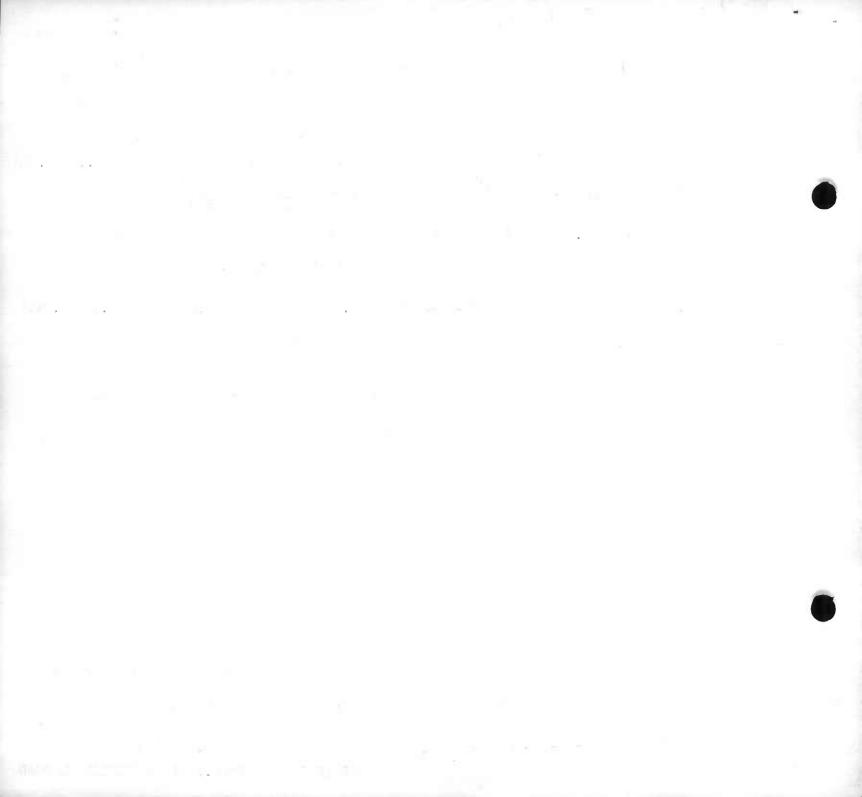
I a z "nu." i li occess garage and the second s 4

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 12819
I. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print)  IRVING XX. BERMAN	OF DEATH Estimoted  M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD December 29, 1970 8:20 P. M.  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)
1002 N. Calvert Street	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (in years lift Under 1 Yr, ill Under 24 Hr DEC. 15, 1910 60 Months, Days, Hours, Mir	
11. BIRTHPLACE(Stote or foreign country)   12. CITIZEN OF	13. FATHER'S NAME
BALTIMORE, MARYLAND WHATCOUNTRY?	REUBEN BERMAN
14A.USUAL OCCUPATION (Give kind of work! 14B. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	
SALESMAN RETAIL	SARA CAPLAN
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (il yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
NO	MR. FRANK BERMAN, 4300 N. CALVERT ST., APT. 7G
19. CAUSE OF DE	ATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Hypert	tensive cardiovascular disease
LEADING TO DEATH	CANCE
(A)IMMEDIATE (This does not mean the mode of dying, e.g., (A) IMMEDIATE (DUE TO, OI	R AS A CONSEQUENCE OF:
heart loilure, osthenia, etc. it means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES  (B)  DUE TO CO	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	A A CONSEQUENCE OF
Z UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 1	NAS PERFORMED 21. AUTOPSY? (Yes or No)
	no
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	I., In or obout 22C. WHERE DID (If In Boltimore City, give exact location) like bidg., etc.) INJURY OCCUR?
Z 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NO	OT WHILE -
23, m. WORK AT	WORK
	utoney and that on this basis death in my onlinen
	outopsy ond that on this basis, death in my opinion
resulted from: Notural couses 🗵 Accident 🗌 Suic	Ide Homicide Undetermined manner
010.1/1	Ide Homicide Undetermined manner C
ACTUAL SIGNATURE Dued W Label M	Ide Homicide Undetermined manner C
ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D.	Ide Homicide Undetermined manner C
ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	Ide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER MEDICAL EXAMINER 12/30/70
ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)  24A. BURIAL CREMATION,  248. DATE  24C. NAME of CEMETER	Tide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED  B. ASSISTANT MEDICAL EXAMINER 12/30/70  Y or CREMATORY 24D. LOCATION (City, town, or county) (Stole)
ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	Tide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER 12/30/70  Y or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)  24A. BURIAL CREMATION,  248. DATE  24C. NAME of CEMETER	Tide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED  B. ASSISTANT MEDICAL EXAMINER 12/30/70  Y or CREMATORY 24D. LOCATION (City, town, or county) (Stole)
ACTUAL SIGNATURE REMAINER'S RONald N. Kornblum, M.D. NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL (Specify) 12-31-70 MIKRO KODESH  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ASSOCIATE MEDICAL EXAMINER DATE SIGNED  ASSOCIATE MEDICAL EXAMINER 12/30/70  Y or CREMATORY 24D. LOCATION (City, town, or county) (Stole)  BALTIMORE, MARY LAND  25C. FUNERAL DIRECTOR ADDRESS
ACTUAL SIGNATURE RONALD N. KORNBlum, M.D. NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL (Specify) BURIAL (Specify) BURIAL (Specify) BURIAL (Specify)	ASSOCIATE MEDICAL EXAMINER 12/30/70  Y or CREMATORY 24D. LOCATION (City, town, or county) (Stole)  BALTIMORE, MARYLAND

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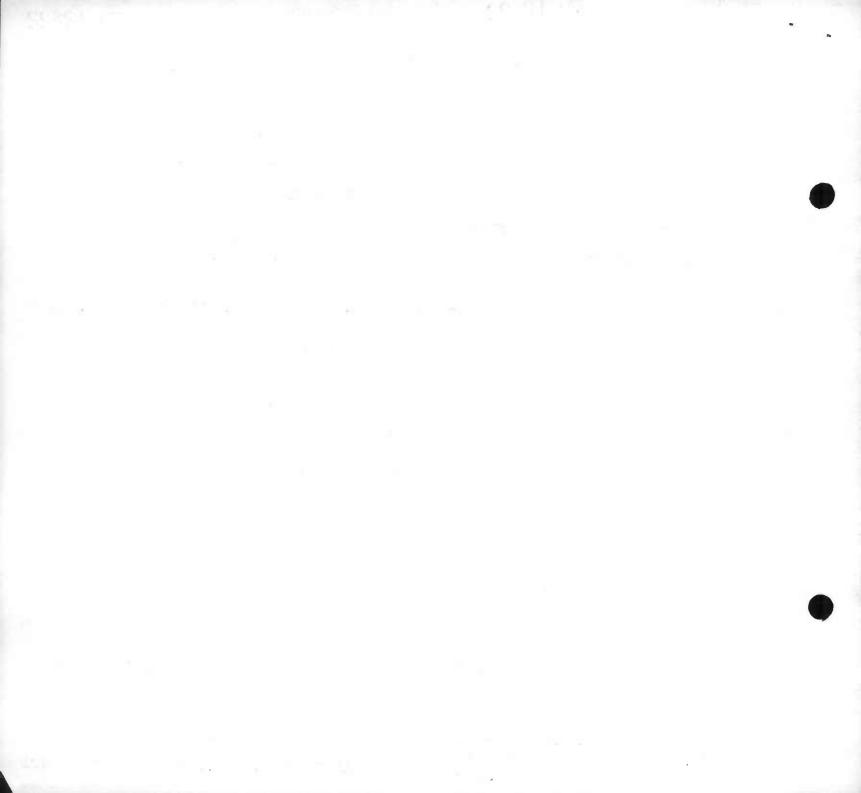
	1-455	27()	1000	BALTIMORE CITY	HEALTH DEPAR	TMENT		-	20 4.000	241
	RTH NO.	10	1606	CERTIFICA	TE OF DE	ATH	REG. N	0	AU 1282	711
	NAME OF DECE	ASED	N. F.			2. DATE A	ND HOUR OF D			
	** • CT (** PAIR		1			30H	Dec 19	10	1 2.4	5 P.M
11		MORE MARYLAND, Y			A. STATE	e con	ere deceased live	L If institutio	n: residence before	odmission)
H	JLL NAME OF OSPITAL OR	ADDRESS OR LOC	AL OR INSTITE	UTION, GIVE STREET	MARYLA					
II.	ISTITUTION"				C. CITY OR TOWN		D	. INSIDE CIT		
Ι.	SINAI	HOSPITAL	DE 1	BALTIMORE	E. STREET AND	•		YES	NO	]
1	I d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0, 1	INC.			HEIGHTS /	VENUE	1.112	
5.	SEX 6	RACE WHITE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In vegr		nder 1 Yr. If Un	der 24 His.
	FEMALE	/XXXXXXXXXXX	WIDOWED	DIVORCED			lost birthdoy)	Mont	hs Doys Hours	
10,	A. USUAL OCCUP	ATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (S	itate or fore	righ country)	112.0	ITIZEN OF WHAT	COUNTRY
90	HOUSI	pring ille, even it retired)		AT HOME	RUSSIA				USA	CODITION
13.	FATHER'S NAM			A HOME	14. MOTHER'S M	AIDEN NA	AAE		USA	
	MARCI	S FEIGIN			SARAH	7	1416			
15.	Was Deceased E	ver in U.S. Armed For	cos?	1 6. SOCIAL						
(Ye	s, no oi unknown)	If yes, give war or dote	s of service)	SECURITY NO.	17- INFORMANT				ADDRESS	
_	NO				MR. ALEX 1	VOLMAN	, 6708 P	ARK HEI	GHTS AVE.	#15
	18.5 6 0	171		CAUSE OF DEATH	1				APPROXIMATE	INTERVAL
	DISEASE	OR CONDITION DI	ECTLY		0		. /			ALL DEATH
	(This does not	meon the made of	dying, e.g.,	(A) IMMEDIATE CAU	SE IS COPING	octory	arrest		10 mi	25
	heart failure, as	thenio, etc. It meons	the diseose, deoth.)	DOL TO, OR AS	CONSEQUENCE	"as p	oiration		1	
	AN	ITECEDENT CAUSES	CAUSES			-4				
	DISEASES OR	CONDITIONS, if	onv. giving	(8) DUF TO, OR AS	A CONSEQUENCE	0DJ	Tractso	<u> </u>	about d	day:
	rise to the	obove couse (A)	stoling the		- CONTROL OF	···				
	UNDERLIING	CONDITION lost		(c)						
NO	OTHER SIGNIEIC	11 ANT CONDITIONS CO	TOIDITING							
ATIC	TO THE DEATH	BUT NOT RELATED TO THE	IE TERMINAL	***************************************						
CERTIFICATI	19A. DATE OF O	PERATION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY?	(Yes or No	20B, IF YES. W	ERE FINDING	S CONSIDERED	
ERT	0	WAS PERF	ORMED		No		IN CERTIFYING	CAUSES O	F DEATH?	
	OK COMIKIBILI	WAS UNDERLYING NG CAUSE OF	21 B. I	PLACE OF INJURY (e.g., in b, form, foctory, street, off	or obout 21 C. WHE	RE DID	(If In Bo	timore City, g	give exact location)	
CAL	DEATH (notify m	edicol exomined	etc.)	y total traction, and the	or brogg, into but C	CCDK				
-	OF INJURY	Nonthi (Doy) IYear)	(Hour) 21E	INJURY OCCURRED	21F. HOW	DID INJ	URY OCCUR?			
Z	(APPROX.)		While	Not While						
	22. I certify th	ot (1) (this hospital)		e deceosed from	30% Dec	7	970 to	30	× >05	- 40
	that (I) (we) to	st sow the decease	olive on	30th Dec.	1970				······································	-
				(We) (did) (did not) vi		ond the	in(my) (our)	opinian de	oth occurred at	the date
	23A. SIGNATURE	11		("" o, (aid) (aid not) VI	ew the body afte	r death.		028.5	ATE SIGNIST	
		Thomas	d me	Atten			Staff [7	- 1	ate signed Pot Dec 1	1070
	23 C. PHYSICIAN	000	d me,	DEGREE Phys.	Direc BD. ADDRESS	tor 🗀 🔝	Shaff Phys.	0	u vec 1	710
	NAME (Type	P. PRAC	AN ~	3.72 . 42 6	Sinai H	ospito	N of Bo	Himor	6	
24A	BURIAL CREMA	TION, 24B, DATE		ME of CEMETERY OF CREA	Belved	ere f	tre. Br	ZTIMO	RE, Ind.	21215
	REMOVAL (Spe	cify)			NA IVRI					Stotel
25A	BURIA		70   CHIZ	UK AMUNO	11250 81111	BA	LTIMORE,	MARYLA		
	JAN 5		Falley	28	SOL LEVIN	VSON E	BROS. 60	)10 RET	STERSTOWN	ROAD
-		20	-	4000	DON MEAN	.0011 9	21.00	LU ILLI	O A LINU I UNIT	HOME

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IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? YES NO . Il Under 1 Yr. Months: Doys Il Under 24 Hrs. Hours i Min. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (II In Boltimore City, give exect location) 23 B. DATE SIGNED (City, town, or county)



1 6. SOCIAL SECURITY NO.

CAUSE OF DEA

BALTIMORE CITY	HEALTH DEPARTMENT			10/()	10000	,
CERTIFICA	TE OF DEATH	REG. I	VO	10	12823	5
	2. DATE AN	D HOUR OF	DEATH	1		
		Ĵø	2/30/	701	× 6	P. M.
DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased liv	9th If insti	lulion: re	sidence belore	odmission)
GIVE STREET	MARYLAND					
	C. CITY OR TOWN		D. INSIDE	CITY LI	MITS?	
	BALTIMORE		١	ES 🗌	NO 🗌	
· , INC.	E. STREET AND NUMBER	0 =			2	10
		BELVED		AU,	E. 60 1	
VER MARRIED	8. DATE OF BIRTH 91	osl birthdoy)	ors /	If Under	1 Ys If Unde	er 24 Hrs.
DIVORCED	XXXXXXXXXXX	79		1		
IESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country!		12. CITIZ	EN OF WHAT	COUNTRY?
	RUSSIA			U	SA	
	14. MOTHER'S MAIDEN NAM	\E				
	CHAIKA	?				
CIAL CURITY NO.	17-INFORMANT				ADDRESS	
COKIII NO.	MR. STANLEY BIL	TAN 7	700 1	ALIDT	nn Hass	205
TAUSE OF DEATH	MAY STANGET BIL	LIAN, S.	308 L/	AURI	APPROXIMATE I	
7				В	ETWEEN ONSET	
(A) IMMEDIATE CAUS	ASC.	VD.			yrs	
DUE TO, OR AS A	CONSEQUENCE OF:		********			
				- 1		
(8)				- 1		
DUE TO, OR AS	A CONSEQUENCE OF:					*******
(c)						
***************************************	****************************					
OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, IN CERTIFYIN	WERE FIN	DINGS ES OF D	CONSIDERED	
OF INJURY (e.c., in	or obout 21C. WHERE DID	Af In F	Politimore C	The sheet	exoct locotion)	
, foctory, street, offi	ce bldg., INJURY OCCUR?	ht til e	JOHNHOLD C	any, give	exoct loconon)	
Y OCCURRED	21 F. HOW DID INJU	RY OCCUR?				
Not While						
eased from	12/30/19	70 to		/4	170 / 10	70
12/	2 4 / 12 6 / 1	70-	r) apinia	n denti	accurred an	the date
11.15 (1.15	- India	()/ (00	·/ upinio	death	accourse on	He date

21E INJURY OCCURRED Not WI

Phys.

Attending | Med. Staff Director Phys. 23D. ADDRESS

238 DATE SIGNED

town, or county)

DRUSKINEGREE

SINA

24D. LOCATION

BETH TFILOH,

BALTIMORE, MARYLAND

(Stote)

25C. FUNERAL DIRECTOR ADDRESS
SOL LEVINSON EBROS., 6010 REISTERSTOWN ROAD

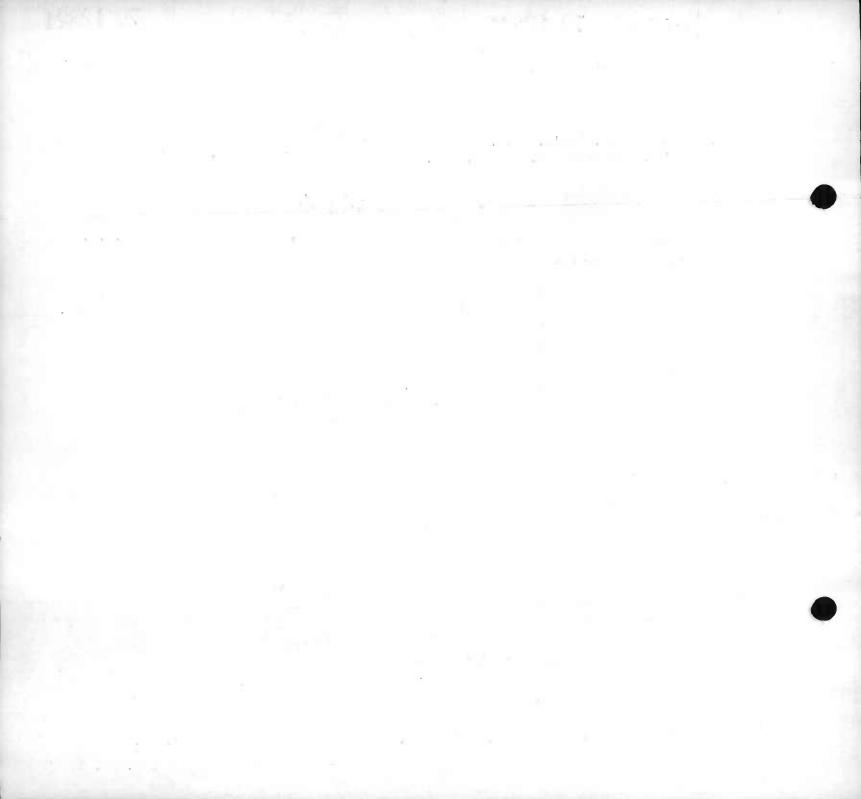
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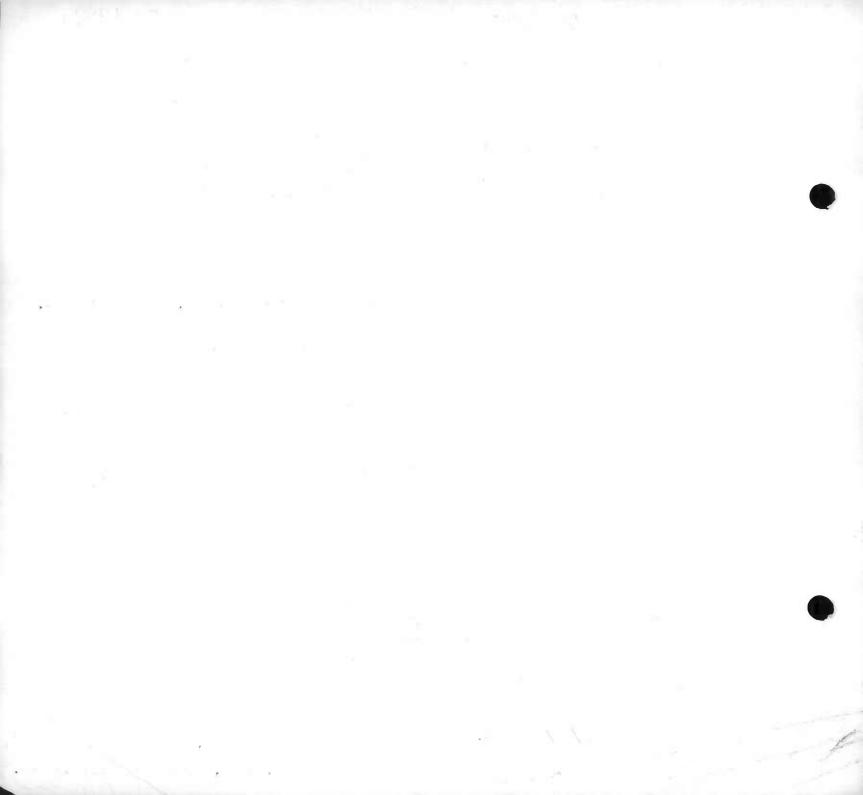
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BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68

1 00	70	10000	BALTIMORE CIT	Y HEALTH DEPARTMENT		70 12825
BIRTH NO.		12825	CERTIFICA	TE OF DEATH	REG. NO.	70 15050
1. NAME OF DE	LOSEN h	L. J.	5000		D HOUR OF DEATH	1460
3. PLACE IN BA	ALTIMORE MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (When	deceased lived 15 in	nstitution: residence before admissio
FULL NAME OF				200	TY	Common residence belore admission
HOSPITAL OR	ADDRESS OR LO	CATIONI	TION, GIVE STREET	c. CITY OR TOWN	- Ba	Munite  DE CITY LIMITS?
20				Balling &	D. 1143	YES NO
20	University	Hospital		E. STREET AND NUMBER	1	7/201
5. SEX	6. RACE	17		33115gm	odson t	re END
M	N		NEVER MARRIED	8. DATE OF BIRTH	ost birthdoy	If Under 1 Yi. If Under 24 Hi Months Doys Hours Min.
IOA. USUAL OCO	UPATION (Give kind of w	ork 10 B. KIND OF	DIVORCED BUSINESS OR INDUSTRY		22	
done during most o	f working life, even if retired	1)		1 C	in connint	12. CITIZEN OF WHAT COUNT
13. FATHER'S NA	ME			MTMICA	723	Britiana
	-			14. MOTHER'S MAIDEN NAM	i.E	
5. Wos Deceose	d Ever in U. S. Armed	Forces?  1	6. SOCIAL	17 1170		
Yes, no or unknow	n) (If yes, give wor or de	oles of service)	SECURITY NO.	17. INFORMANT		ADDRESS
18. //			0.1110	Bishop Monroe S	aunders,	3400 Copley Rd.
	SE OR CONDITION	5017	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEA	LEADING TO DEAT	H		M 2.	0 00	J 0111 =
(This does	nol mean the mode of asthenia, etc. It mean	ol dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	or guta	om 24026
injury or cor	mplication which cause	ed deoth.)				
1	ANTECEDENT CAUSI		MASC	V VO		yeur
DISEASES (	OR CONDITIONS, if above cause (A	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYIN	G CONDITION last.	s siding file	(c)			
7	- 11					***************************************
I DISEASE OR	FICANT CONDITIONS C TH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL	Divle	hellm ask	~~	yeur.
19A. DATE OF	PERATION 198. CO	NDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED
1 21 A. ACCIDE	NT WAS HINDERLYING	rang te	tonsom,	- / (3)	THE CERTIFIED CAL	ASES OF DEATH?
DEATH (notify	TINO CAUSE OF medical examined	MA home,	form, foctory, street, of	or obout ZIC. WHERE DID ice bldg., INJURY OCCUR?	(if In Boltimore	City, give exact location)
21 D. TIME OF INJURY	(Month) (Doyl (Yeor		NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)		While Work	Al Work			
22. I certify	that (1) (this hospite	ol) ottended the	deceased from De	C1D 19	DO to Dec	27 107 1
	last saw the deceas					Ion deoth occurred on the da
and have an	d from the causes sta	ated abave. (I) (	Wed (did) (did not) vi	ew the body ofter deoth.	,,	The gold occours on the go
23A. SIGNATU	JRE	2				23 & DATE SIGNED
clas	L'Elm	alpen	After Phys.		off D	12-27-07
PHYSICIA NAME (T	ypel	0		3D. ADDRESS		100
		7	DEGREE			
REMOVAL (	MATION, 24B. DATE	24C. NAM	E of CEMETERY OF CRES	MATORY 24D. LOC	ATION (City	, lown, or countyl (Stotel
Burial	12/30,	/70 Mt.	Auburn	Balt	imore, Mar	vland
AN SATESTECID	HEARTH DEPT	254 NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
inte a 12	Al nonship C'	YELDER ME		Kenneth H. L	aw , 4609	Park Heights Ave



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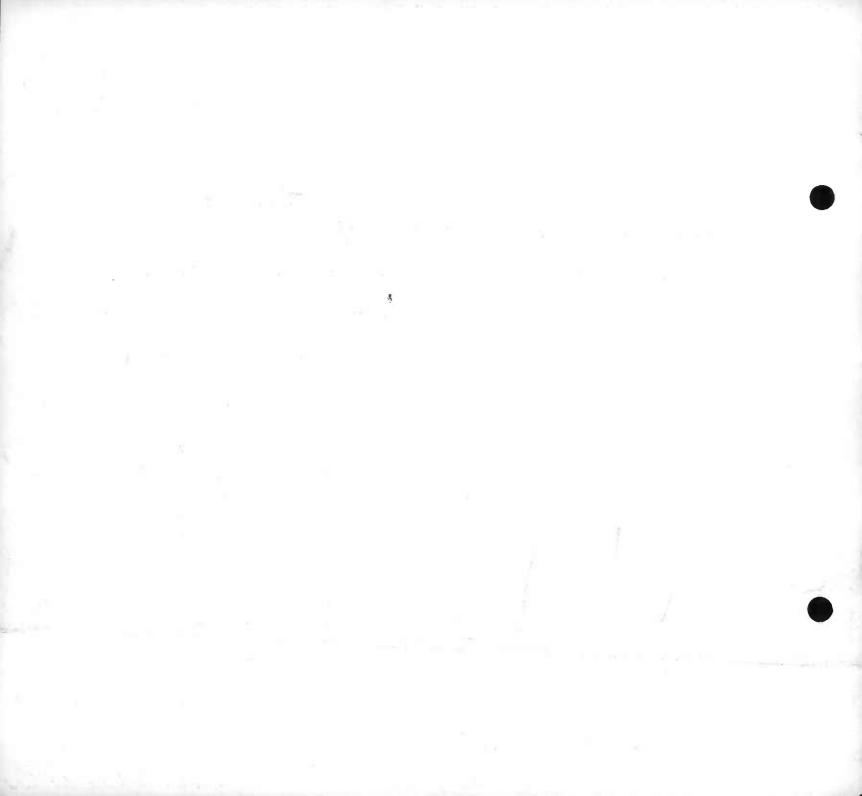
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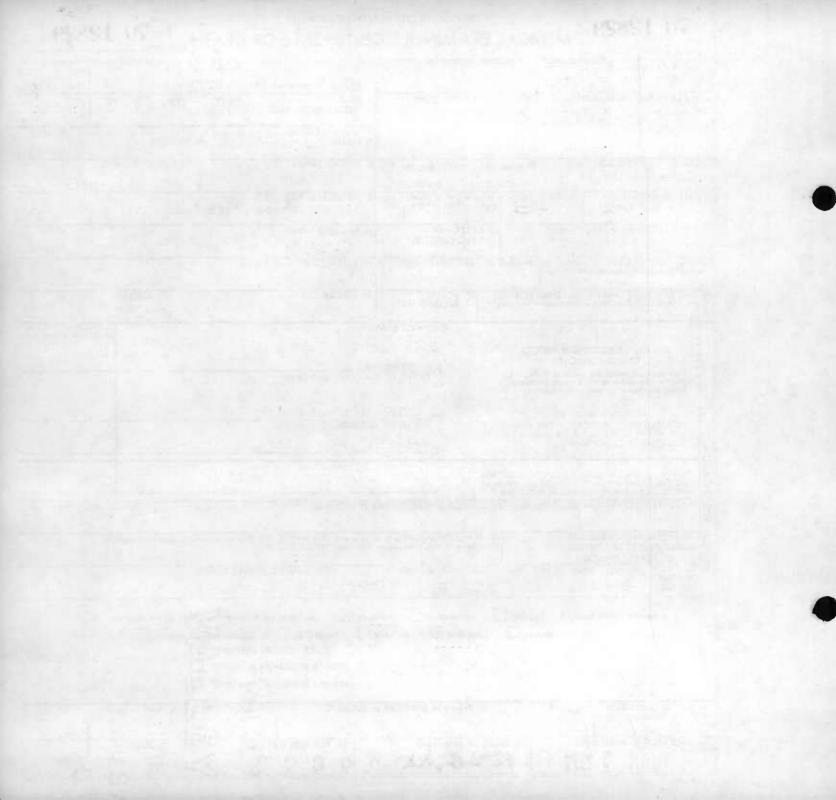
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BALTIMORE	CITY	HEALTH	DEPARTM	ENIT
DALLIMORE	CILI	DEALID	UELWIN	

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
MILDICAL	FVWMIIIAEK 9	CERTIFICATE	OF DEATH

MEDICAL EXAMINER	R'S CERTIFICATE OF DEATH REG. NO. 12829						
I. NAME OF DECEASED							
(Type or Print) MOSES ALLEN	OF Estimoted [						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OR INSTITUTION	PRONOUNCED DEAD December 29,1970 Hour Pronounced DEAD December 29,1970 9:50 P.  5. USUAL RESIDENCE (Where deceased lived. # Institution; residence before admission)						
00 919 N. Chapel Street	A. STATE Maryland B. COUNTY						
6. SEX Male Negro  8. MARRIED NEVER MARR WIDOWED DIVORCE	Baltimore						
9. DATE OF BIRTH  10. AGE (In years   # Under 1 Yr.    Under 1 Yr.	24 Hrs. E. STREET AND NUMBER						
11. BIRTHPLACE (Stote or Joreign country)  12. CITIZEN OF WHAT COUNTRY	13. FATHER'S NAME						
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR IN lone during most of working tile, even if retired)							
Laborer	Bessie!						
46. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no grunkgown) (If yes, give wor or dotes of service)  17. SOCIAL SECURITY N	NO. IB. INFORMANT ADDRESS FLIZOBOTH Wand-1113N. BOND ST.						
19. = 9/61X CAUSE C	OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY Pull	monary Embolism						
LEADING TO DEATH	EDIATE CAUSE						
i ment tong a' osmanin' air' il Maous illa disease'	TO, OR AS A CONSEQUENCE OF:						
	Injury or complication which coused death.)						
ANTECEDENT CAUSES  (B) PI	hlebothombosis right leg TO, OR AS A CONSEQUENCE OF:						
RISE TO THE ABOVE CAUSE (A) STATING THE							
Z ONDERCTING CONDITION LAST. (C) FTG	acture right tibia and fibula (Healed)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION CONTRIBUTION FOR WHICH CONTRIBUTION FOR WHICH CONTRIBUTION FOR WHICH CONTRIBUTION FOR WHICH CONTRIBUTION FOR WHICH CONTRIBUTION FOR WHICH CONTRIBUTION FOR WHICH CONTRIBUTION F	tty metamorphosis of Liver						
20A. DATE OF OPERATION   208. CONDITION FOR WHICH OPERATI	ION WAS PERFORMED   21. AUTOPSY? (Yes or No)						
	yes						
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJUR UNDERLYING NO CONTRIB. 22B. PLACE OF INJUR home, form, foctory, stre	RY (e.g., in or obout 22C, WHERE DID (If in Boltimore City, give exact location) set, office bidg., etc.) INJURY OCCUR?						
UTING CAUSE OF DEATH. Work	Unk. 00-00						
OF INJURY (Month) (Doy) (Year) (Hour) 22E.INJURY OCCL							
(APPROX.) 4-30-69 ? m. WHILE AT WORK	NOT WHILE Timber fell on right leg						
23.  1 certify that I held an Inquiry Inspection	Autopsy 🗵 and that on this basis, death in my opinion						
resulted from: Natural causes Accident	Suicide Homicide Undetermined manner						
ACTUAL X	CHIEF MEDICAL EXAMINER						
SIGNATURE held Much	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED						
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER						
NAME (Type)  24. BURIAL CREMATION,   248, DATE	METERY or CREMATORY 24D. LOCATION (City, town, or county) (State)						
REMOVAL (Specify)	24D. LOCATION (City, town, or county) (State)						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	125C. FUNERAL DIRECTOR ADDRESS						
JAN 5 1971 Rober E. Jaken, K.	25C. FUNERAL DIRECTOR JADDRESS GELD ON Chroline						
S 151-REV. 1/1/68							

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IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

	70 1	MFI	DICAL		MINER'S			DEATI	Н	70 1	2834
BIR	TH NO.								REG. NO.		
	NAME OF DEC	Pauline	e Spai	cts (	buker	2. DATE OF DEATH	Known 🕮 🗆	Month 12	28	Yeor 70	11:55 a <sub>M</sub>
FOL	CHAMEDET	TIMORE, MARYLAND,	WHERE P	RONOUN		3. DATE	NCED DEAD	Month 12	Doy 28	70	11:55a .M.
OR	INSTITUTION 1	Provide			1-7-71 a1	5. USUAL RE	SIDENCE (Where		ed. If institution B. COUNTY	n: residence b	
6. 5	EX	7. RACE	B. MARI	RIED PES	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	V
fe	male	Negro		WED 🗆	DIVORCED	Balt	0.		,	ES A	NO
9. [	PATE OF BIRTH	1927 lost birthd		If Under Months	Tyr, If Under 24 Hrs. Doys   Hours   Min.		ND NUMBER 06 Fairvi	ew Ave			538
11.	BIRTHPLACE (S	tote or foreign country)	2		ZEN OF	13. FATHER	S NAME	,	Pak.	hans	, /
		PATION (Give kind of world		O OF BUS	INESS OR INDUSTR	Y 15. MOTHE	SMAIDEN NAM	WE.	1 au	jam	
done	during most of w	orking life, even ligetired)				f	aules	ne -	trero	uns	2/
		ED EVER IN W.S. ARME (If yes, give wor or doles			SOCIAL SECURITY NO.	18. INFORM	ANT	4/10	Sh	DDRESS	. /
	19. / 1. / 1	1.6			CAUSE OF DEA	TH	01141		1/		PROXIMATE INTERVAL
	DISEAS	F OF CONDITION DIP	CTIY			=A	rterioscl	erotic	cardio		er disease
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE  WITH CARDIAC EMPONADE									
	heart failure	(This does not meon the mode of dylng, e.g., heart failure, asthenio, etc. It meons the disease,									
	injury or con	Injury or complication which coused death.) with Cardiac Tamponade									
		NTECEDENT CAUSES			(B)						
	RISE TO THE	OR CONDITIONS, IF AN	ATING THE		(B)DUE TO, OR	AS A CONSEC	DUENCE OF:				
2	UNDEKLYIN	NG CONDITION LAST.			(c)						
CERTIFICATION	TO THE DEA	II HELGANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN I	THE TERM	MINAL							
ERTI		OPERATION 208. CO			ICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
Ö	21									ye	S
EDICAL	UNDERLYING	NAL CAUSE WAS MOR CONTRIB- USE OF DEATH,		228. PLA	CE OF INJURY(e.g., rm, foctory, street, office	in or obout 2 e bldg., etc.)	C. WHERE DID (	(If In Boltimor	e City, give ex	oct location)	
		(Month) (Doy) (Yes	or) (Hou	WHIL		WHILE	2F. HOW DID IN	JURY OCCU	IR?		
	23.			m. WOR		VORK					
			Inquiry			topsyXX	ond that on th				
	result	ted from: Notural ca	uses [A]	A Acci	dent Sulcid		micide		ed monner	Ш	
	ACTUAL	T1,	, 10	IN	11111.		STANT MEDICAL E		H		DATE SIGNED
n	SIGNATO EXAMIN NAME (T	ER'S Peter I	ipkov	ic, M	.D.	),	CIATE MEDICAL E			1	2/28/70
	A. BURIAL CREA		111	24C. N	AME of CEMETERY	or CREMATO	RY / 24D. I	LOCATION	(City, tow	n, or county)	(Stote)
	Bur	10/000	110	1/	4 kutus	Mon	Tarker	Urlin	lus,		ma:
25	JAN	5 1971 Ra	258.	NAME OF	REGISTRAR	2sc. F	UNERAL DIRECTO	OR .	12)	ADDRESS	ann. 1
	JAIN	2 12/1 ACO	DELIE C	· ALTO	w, 762.	1 36	son of	meles	Mush	7/12	11/ AUGIE

VS 151-REV. 1/1/68

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FUNERAL DIRECTOR:

M-46		BALTIMORE CITY	HEALTH DEPARTMENT	/ .	70 12835
BIRTH NO.	70 12	2835 CERTIFICA	TE OF DEATH	REG. NO.	
1. NAME OF DECEA (Type or Print) Mil:	ler, James		2. DATE AN 12/30	ID HOUR OF DEATH	3:10 a
3. PLACE IN BALTI	MORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived, If institution	ent residence belore admission)
FULL NAME OF	(IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Maryland		
HOSPITAL OR	Provident Hosp		C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
29	2600 Liberty H		Baltimore E. STREET AND NUMBER	YES	NO D
31	Baltimore,,Mar	yland 21215	4040 Haywood A	IVe -	2788
5. SEX 6.	RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	0 400 0	nder 1 Yr. II Under 24 Hrs. ths: Doys Hours Min.
Male	WIDO	WED DIVORCED	1/2-25 - 1900	70	ths Doys Hours Min.
done during most of war	ATION (Give kind of work 10B, KIN rking life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn countryl 12. (	CITIZEN OF WHAT COUNTRY?
Unemploye			Marylan	yl 1	U. S. A.
13. FATHER'S NAME	1		14. MOTHER'S MAIDEN NA		
M	nknow		many y	elle	
15. Wos Deceosed Ex	ver in U. S. Armed Forces? I yes, give mgy or dotes of sen	ice) SECURITY NO.	17. INFORMANT		ADDRESS
	/W	218-01-26871	Mrs. Dorothy S	Smith-Daughter	Same
18. 18-5	XI	CAUSE OF DEAT	1	-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIRECTLY		Verlisem	ca,	1 3 day.
(This does not heart foilure, os	mean the made of dying, thenia, etc. It means the dis- cation which caused death.)	e.g., DUE TO, OR AS	SE A CONSEQUENCE OF:		2-0 augr
1	TECEDENT CAUSES	111111	alla lavet	Indutin	10 days
	CONDITIONS, if any, g	ving DUE TO, OR AS	A CONSEQUENCE OF:	pryceur,	10 any
rise to the	obove couse (A) stating	lhe	U	V	
	11	(C)		1 0 -	
OTHER SIGNIFICATION TO THE DEATH I	ANT CONDITIONS CONTRIBUT BUT NOT RELATED TO THE TERMI IDITION GIVEN IN PART 1 (A),	NG Carcin	ma of the	e Mestati	) TO (   4 T
19A. DATE OF O	PERATION 198. CONDITION WAS PERFORMED	OR WHICH OPERATION	NO NO	208 IF YES, WERE FINDIN IN CERTIFYING CAUSES C	GS CONSIDERED OF DEATH?
OR CONTRIBUTION DEATH (notify m	WAS UNDERLYING NG CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about 21 C. WHERE DID	(If In Boltimore City,	give exoct location)
Q 21 D. TIME (A	Aonth) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At Work At Work			
22. I certify the	at (1) (this hospital) attend	ed the deceased from 127		9to_12/30/70	0 19
	st saw the deceased alive				eath occurred on the date
and have and fo	rom the causes stated above	e. (1) (We) (did) (did not) vi	ew the body after death.		
23A. SIGNATURE	7/ KIN	100			ATE SIGNED
22C BUVELOU	1 7 1	DEGREE Phys.		Staff Phys. De	c. 30, 1970
23C. PHYSICIAN'S NAME (Type	VENIEDO A	ACIOIS MIN	3D. ADDRESS 2600 Liberty Hei	ghts Ave. Balt	imore. Md.
24A. BURIAL CREMA REMOVAL (Spe	ATION, 24B. DATE 24				thore, ride (Stote)
Bunial	1-4-71	At Mount	Cost	Ballo 11	ne
JAN 5	1977 Robert E.	aber A. A.	250 NUNERAL DIRECTOR	IMM Brans	ADDRESS HILL
VS 150-PEV 1/1/68			- Wyrushov	1000 July	my ,



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by

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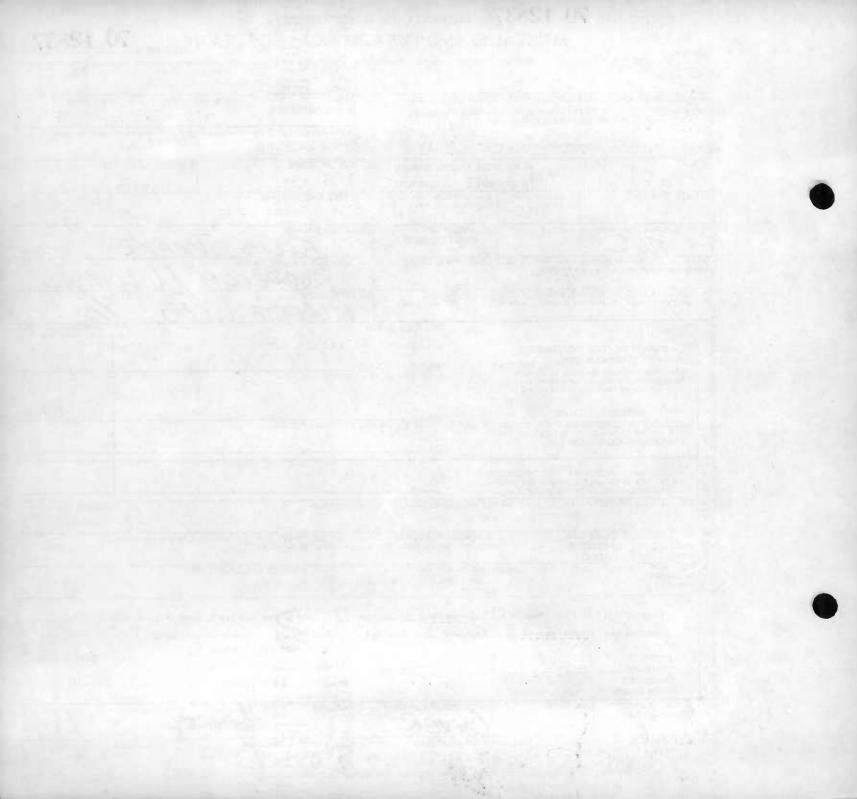
25C FUNERAL DIRECTOR

**ADDRESS** 

25A. DATE REC'D BY HEALTH DEPT.

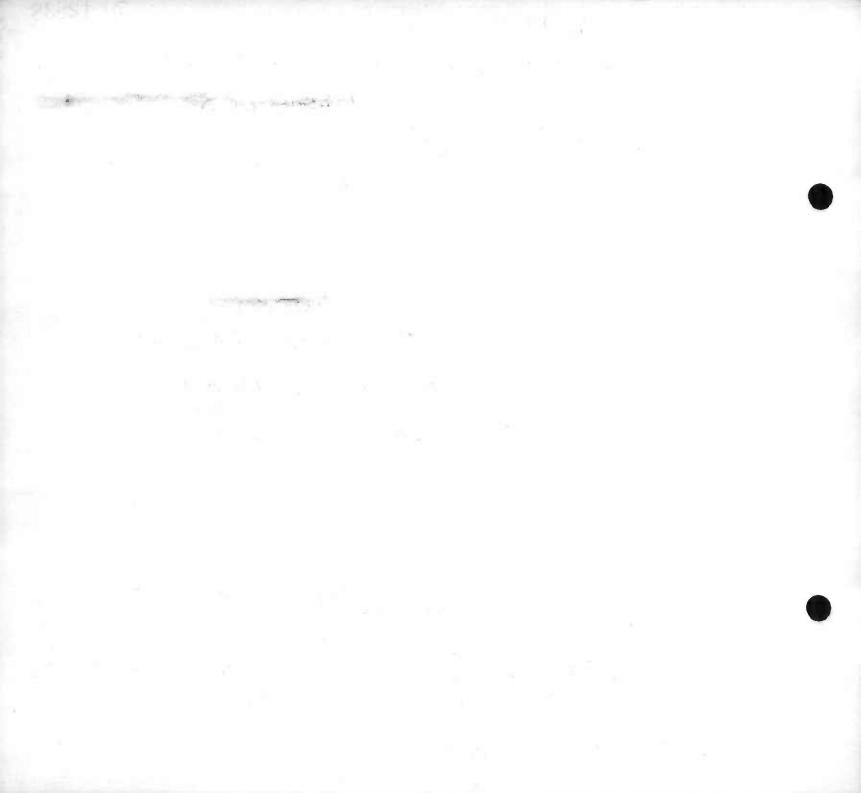
VS 151-REV. 1/1/68

258, NAME OF REGISTRAR

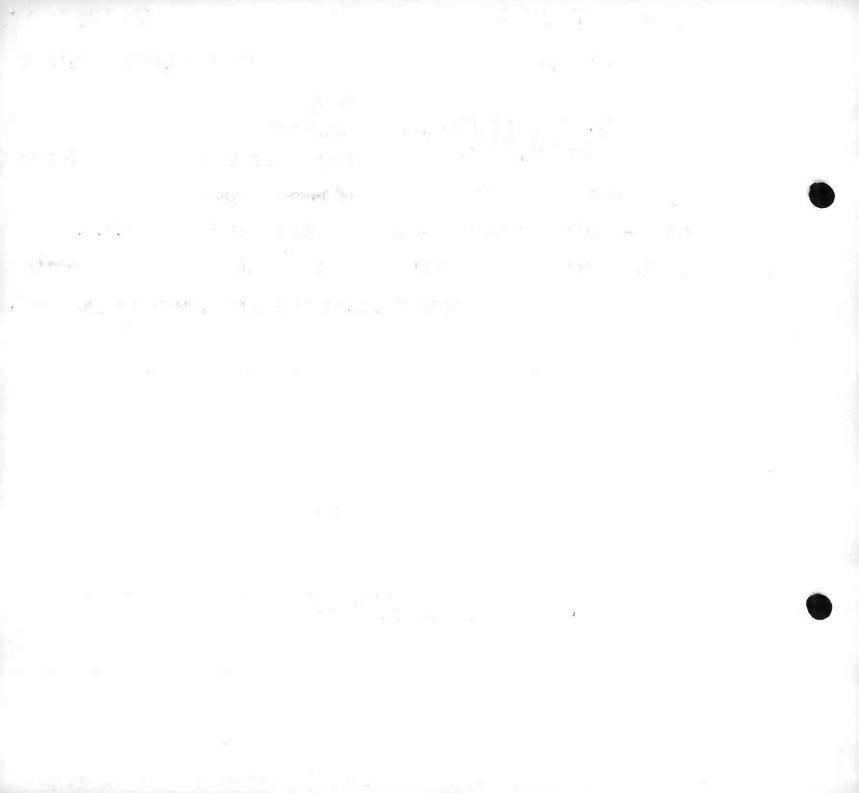


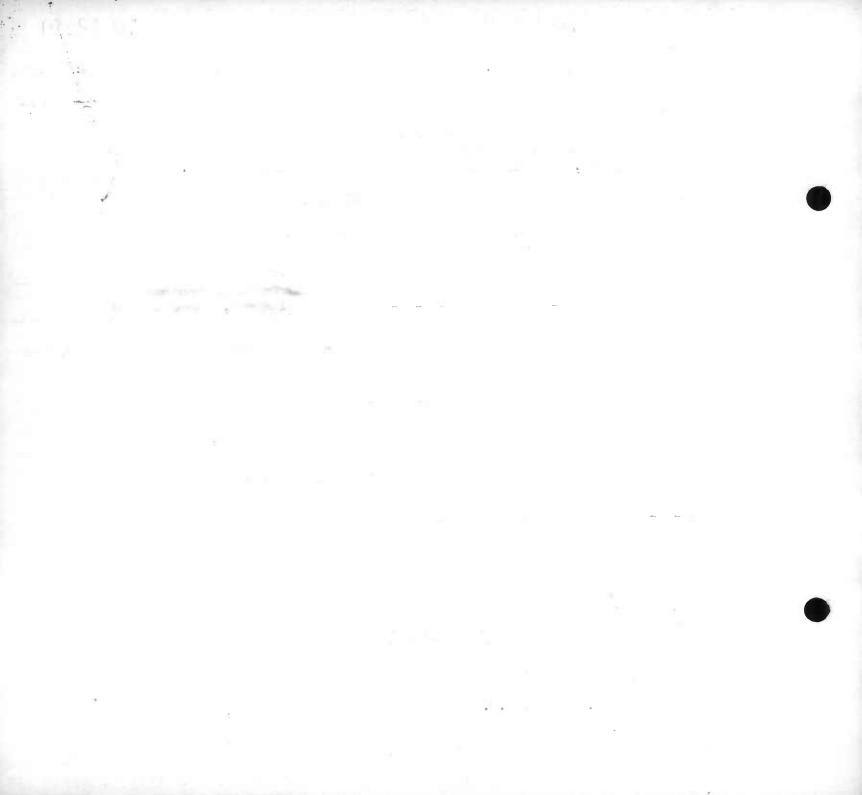
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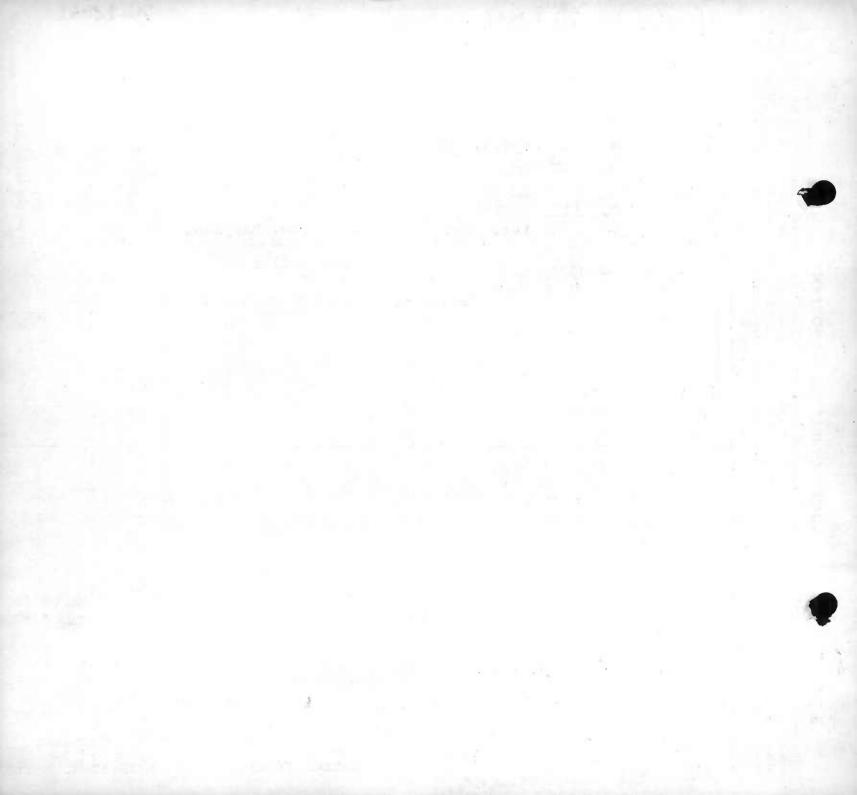
		TY HEALTH DEPARTMENT	70 12838				
	Dikiti ito,	ATE OF DEATH REG. NO					
	Type of Print) FAUL Kner, BESS	1E 2. DATE AND HOUR OF DIATH	2:30 A				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institut	ion: residence before admission)				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C.CIDORTOWN SLAND	ITY LIMITS?				
	420 INAI HOSP. BALT.	E. STREET AND NUMBER	NO NO				
de.	5. SEX 6. RACE 7. MADNITO NO ALTERNATION OF		Avenue				
is mad	S. SEX  6. RACE  7. MARRIED NEVER MARRIED  WIDOWED DIVORCED  10A. USUAL OCCUPATION (Give kind of work) 10R, KIND OF BUSINESS OR INDUSTI	7/13/30   ast birthdoy) 40 Mo	Under 1 Yr. (f Under 24 Hrs. hin.				
0	done during most of working life, even if retired)		CITIZEN OF WHAT COUNTRY?				
disposition	clerk Wards Baking Co.		USA				
0		14. MOTHER'S MAIDEN NAME					
dis	Walter Spencer	Bessie ?					
final	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II) yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
	No 320-20-320		Oakmont Avenue				
o	18. / G Z : / 1 CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH				
ed		SPIRATORY PAILUR	E				
palm	(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease.	AUSE S A CONSEQUENCE OF:	*****				
nbo	indent totale, commente, etc. it intents the disage,	ASTATIC BRAIN					
E	ANTECEDENT CAUSES	~///					
are	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
	UNDERLYING CONDITION last. (C)	OF THE LUNG					
remains	_ 11						
еп	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OLDISEASE OR CONDITION GIVEN IN PART 1 (A)						
0	U 19A DATE OF OPERATION 1198 CONDITION FOR WILLIAM COSTATION	[20A, AUTOPSY? (Yes or No.)] 208, IF YES, WERE FINDS	100 00110101				
e th	WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDI	OF DEATH?				
before	U 21A. ACCIDENT WAS UNDERLYING 21R PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID (If in Boltimore City affice bldg., INJURY OCCUR?	, give exact location)				
60	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
ained	(APPROX.) While At Not Wh						
opt	22. I certify that (1) (this hospital) ottended the deceased from	12/17 1070,0 /2/	30 1970				
	that (1) (we) last sow the deceased alive on 10/20	7019 and that In (my) (our) opinion					
st b	and hour and from the courses stated above. (1) (We) (did) (did not)						
must	23A SIGNATURE	23 B.	DATE SIGNED 1				
	CI F COLLAND Phy	ending Med. Staff ys. Director Phys. D	12/30/70				
0	23C. PHYSICAN'S NAME (Type)	23D. ADDRESS					
approval	1 U JUSTPH SOIMON DECOME	J'MAI HOSP					
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMENT		vn, or county) (Stote)				
0	Burial 1-4-1971 Arbutus Memor	ial Park   Baltimore Co.	Maryland				
written	25% DATE REOD ST HEALTH DEPT. 25% NAME OF REGISTRAR	250 JUNEEAL DIRECTOR	ADDRESS				
. 1	JAN D 1777 (LoSe & Laber 182)	NUTTER FUNERAL HOME 303	5 W. NORTH AVE				
	49 194-UC 40 1/ 1/ 00						



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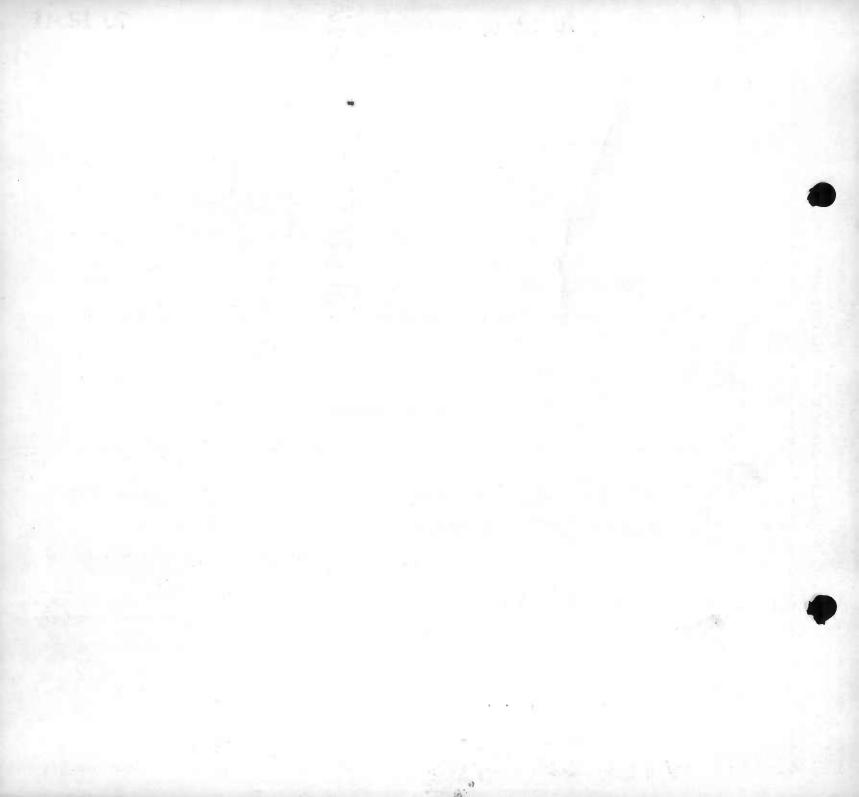
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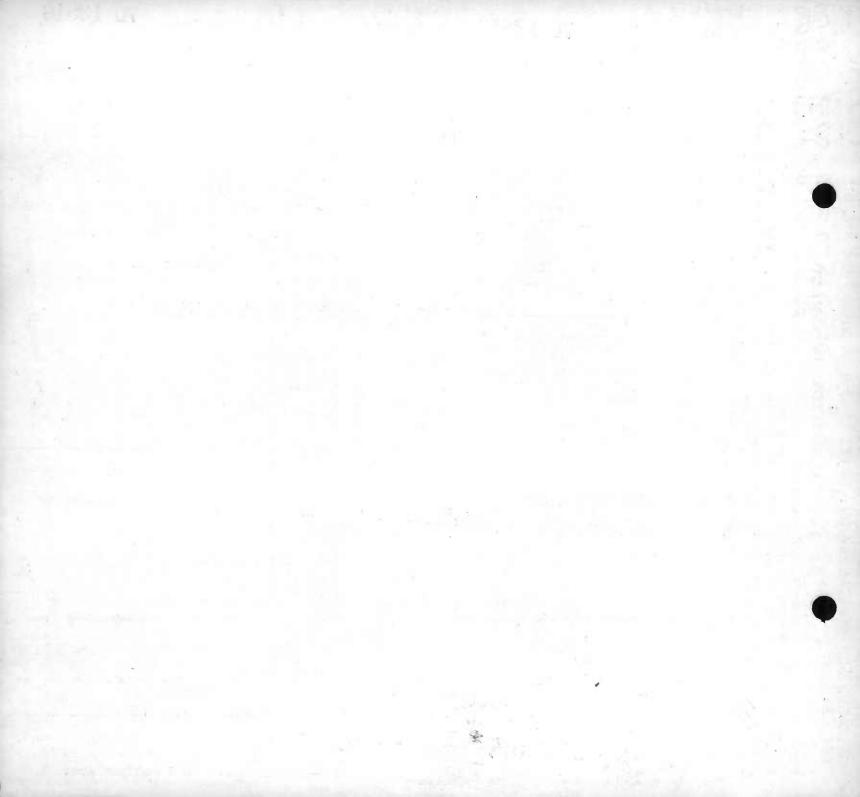
4 9 1 ... . FUNERAL DIRECTOR: IMPORTANT

01	-			BALTIMORE CIT	Y HEALTH DEPARTMENT		F. 3 (3) (4)
/V -	35 (	70	1284	4 CERTIFICA	TE OF DEATH	REG. NO	70 12844
NAMI	OF DECE					AND HOUR OF DEATH	1
Type or		ROBINETT	E MALE	E NEWTON		23, 1970	I
3. PLAC	E IN BALTI	MORE MARYLAND, V				here deceased lived. If i	institution: residence before admission)
FULL N HOSPITA INSTITU	TION	ADDRESS OR LOC	(NOIT A:	STITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER		SIDE CITY LIMITS?  YES NO
0	0	3905 CHATHAM	ROAD		3905 CHATHAN	M ROAD	1510
S. SEX	-	6. RACE	7. MARR	HED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FEMA	LE	COLORED	WIDOW	VED DIVORCED	Oct. 1, 1912	10st birthdoy	
done duri Tea		orking life, even if retired)		of Business or Industri	Baltimore, Mar 14. MOTHER'S MAIDEN N.	ryland	U.S.A.
חשת	G GOI	1-57-570 1	ر داد داد	)	MAUDE ALLEN		
S. Wos	ER F.	Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	or unknown)	(If yes, give wor or dot	es of servi	SECURITY NO.	M HADDY MELIN	N 3005 CV	ATHAM DOAD
NO	4 5 4 4			CAUSE OF DEA	W. HARRY NEWTO	JN - 3903 CH	ATHAM KOAD  APPROXIMATE INTERVAL
DIS	s does no rt foilure, c ry or comp A EASES OI	LEADING TO DEATH of meon the mode of solhenio, etc. It meons oblication which couses NTECEDENT CAUSE: R CONDITIONS, if obove couse (A) CONDITION lost.	f dying, s the dised d deoth.) S	ose,  (B)	USE A CONSEQUENCE OF:		
TO DISE	THE DEATH	CANT CONDITIONS CO BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 1198, COI	THE TERMIN		20A. AUTOPSY? (Yes or I	No) 208. IF YES. WERE	FINDINGS CONSIDERED
THE C	)	WAS PE	RFORMED	on which or enamed	70,0131	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21 A OR	CONTRIBUT	T WAS UNDERLYING [TING CAUSE OF medicol exominer)		21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(If to Soltimo	ore City, give exoct location)
21 D OF	TIME INJURY PROX.)	(Month) (Doy) (Year)	(Hour)	21E, INJURY OCCURRED While At Work Not Wh		NJURY OCCUR?	X
22.	I certify t	that (1) (this hospita	al) attende	ed the deceased from		1966 to +	le 13 19/4
that	(I) (we)	lost saw the deceas	ed alive	an wee 11	19 20 and	that in (my) (our) ap	inion death accurred an the dat
		- (:	ated abav	e. (1) (We) (did) (did not)	view the bady after death	ða.	
23A.	SIGNATUR	ALLOND	16-		سالم مراديا	c. II c	23B. DATE SIGNED
	H	ulle Bl	Ma	OEGREE Ph	rending Med. Director	Staff Phys.	12.28.70
23 C.	PHYSICYAN NAME (Ty		1, M.I	D.	3600 Lock	com Dr	21207
24A. BU REA		AATION, 248. DATE		C. NAME of CEMETERY OF CI	REMATORY 24D.	LOCATION (C	City, town, or county) (Stote)
BURI	AL	12-29	70	New Cathedral (	Cemetery Ba	altimore. Ma	ryland
		1071 POPT.	25B NA	ME OF REGISTRAR	1) 25 FUNERAL DIRECTO	OR	Address Madison Ave.
JA	DEV 1/1/6	7		7.7.4			

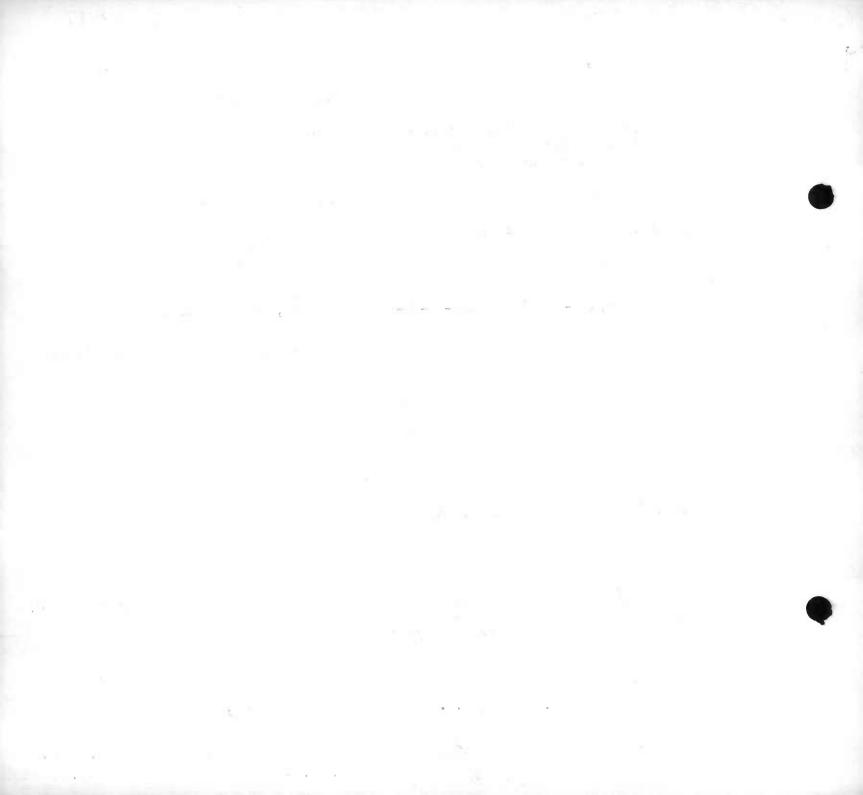


11/	1)	70	12845	BALTIMORE CITY	HEALTH DEPARTMENT		70 12845
RI	N -325	10	1,40,10	CERTIFICA	TE OF DEATH	REG. NO	70 14010
1.	NAME OF DECEASED				2. DATE	AND HOUR OF DEATH	.1
(1)	/pe or Print)	IZAB	ETH	WATKI	NS 12	-25 -70	1 5 45 0 11
3.	PLACE IN BALTIMO			UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If ins	titution: residence before admission)
E	JLL NAME OF (	IF NOT IN HOSPI	TAL OF INSTITU	UTION, GIVE STREET	MARY		
H	OSPITAL OR	ADDRESS OR LOC	(NOITA	DITON, GIVE SIKEEL	C. CITY OR TOWN		DE CITY LIMITS?
1	()				BALTIN		YES NO
Ι,	42SINIE	71 H	HISPIT	741	E. STREET AND NUMBER		1 2 5 5 5
Ľ	70 3/17/	1 1	(03171	170	5357	DENMOR	E AUEL 18
5.	SEX 6. RA	CE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	+	N	WIDOWED		1-19-24	lost birthdoyl	Months Doys Hours Min.
do	A. USUAL OCCUPATION of working	ON (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife				Surry, Va.		U.S.A.
13.	FATHER'S NAME	-	-		14. MOTHER'S MAIDEN N		
	Wi	illiam H.	Brown			Viana Smit	h
15,	Was Deceased Ever	in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	No	s, give wor or dor	es of service/	SECURITY NO. 216-24-4642	Mr. Percy Wat	kine 5357	Denmore Ave.
	18. // / 5	VI		CAUSE OF DEATH		.XIII5	APPROXIMATE INTERVAL
	DISEASE OR	CONDITION D	IRECTLY				BETWEEN ONSET AND DEATH
		ING TO DEATH		CANAL PRINTE CAN	" HURED	TENSION	
	(This does not me heart failure, osther	on the mode of	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	IEMSION	
	injury at complicati	ion which cause	d death.)				
	ANTE	CEDENT CAUSES	S	NE	PHROSAIG	Dacies	1
	DISEASES OR CO	ONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	120513	***************************************
	UNDERLYING CO	NOTION :	slaling the	DE DE	NAL FAIL	WRE	
	ONDERENING CO.			(C)	7011- 17770	0000	********
۱z	OTHER SIGNIFICANT	CONDITIONS CO	NTPIRITING				
F	TO THE DEATH BUT DISEASE OR CONDIT	NOT RELATED TO 1	THE TERMINAL	*****************			
E	19A-DATE OF OPER	ATION 198 CON	NOTION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or I	No. 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CERTIFICATION	0	WAS PER				IN CERTIFYING CAU	SES OF DEATH?
ш.	21A ACCIDENT WA	S UNDERLYING	21 B,	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct location)
MEDICAL	DEATH (notify medic	ol exominer	etc?)	e, toring tociony, sheet, on	ice pidd* iid pkt OCCOK		
	21D. TIME (Mon	th) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
٤	OF INJURY (APPROX)		While	le At Not White			
Ш	22. I certify that (	/1\ /al:= l. = .t.=			17-16-70		
				12-25-		_19ta[2	2 2 3 19 /0
	thot (I) (we) last	saw the decease	ed allye an		ew the body ofter death	hat in (my) (	an deoth occurred an the dote
	and hour and from	the causes sta	ted abave. (1)	) ( <del>Wa) (did</del> ) ( <del>did-not</del> ) vi	ew the body ofter death.		
	23A. SIGNATURE	). Q:	1	Attac	nding Med.		23B. DATE SIGNED
	1 Cays		Hems	VV DEGREE Phys.	Director L	Staff Phys.	12-25-70
	23C. PHYSICIAN'S NAME (Type)	_//		2	3D. ADDRESS		
	RALPH		TEIN	/WD DEGREE	SINAI	HOSPITA	7
24/	REMOVAL (Specify)	N, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (City,	, lown, or county) (State)
	Burial	12-29-	70 -	, Mt. Calvary	6 0 0	Ba Ba	altimore Md.
25/	A. DATE REC'D BY HE	Administration of the second	25B. NAME O		25C FUNERAL DIRECTO	2	ADDRESS
	JAN 3	1971 263	L. Van	See M. D.	Mary-Elizah	beth Law 802	Madison Ave.
VS	150-REV. 1/1/68						





BIRTH N 1. NAME (Type or 3. PLAC	70 12847 o.		CERTIFICA		EATH X RE	g. No. 70	12847
(Type or	Print) GREEN, AUGU				12/30/70	OF DEATH	14:15 A
FULL NA HOSPITALINSTITUT	AME OF ADDRESS OR LOCATION Veterans Admir 3900 Loch Rave Baltimore, Mar	rial or institution) istration	on Hospital	A. STATE MATY  C. CITY OR TOV  Chest  E. STREET ANE	land Queen . wn ter	Anne D. INSIDE CIT YES	
5. SEX	6. RACE	7- MARRIED	X NEVER MARRIED	B. DATE OF BIR	TH 9. AGE (In lost birthdo)	yeors If U	nder 1 Yr. , II Under 24 Hrs. hs; Doys Hours; Min.
Mal	21.002.0	WIDOWED		11/11/8	18 8:		ins boys Hours Mills
done durir	AL OCCUPATION (Give kind of woning most of working life, even if refired aterman	sea fo		Chester		USA	ITIZEN OF WHAT COUNTRY?
	er's name Frank Green				MAIDEN NAME		
				Julia	Sanders		
Yes, no or	Deceased Ever in U. S. Armed Frunknawn) (II yes, give war or do 6/19/18 - 7	tos of sorvice)	16. SOCIAL SECURITY NO. 219-01-68-93	VA HOS	pital Records ore, Maryland	3	ADDRESS
18.	207.01	7 - 7 - 7	CAUSE OF DEATH	Daronii	ore, rary rand	7 57570	APPROXIMATE INTERVAL
hear	DISEASE OR CONDITION D LEADING TO DEATH does not meen the mode of foiluse, asthenia, etc. It mean y or complication which cause	70 0 70 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10 minutes				
UND UND	ANTECEDENT CAUSE ASES OR CONDITIONS, if to the above cause (A) DERLYING CONDITION last.  II ER SIGNIFICANT CONDITIONS CON	any, giving solutions the ontributing the terminal	(c)	tis ulce	rs drome and ura		
194.1	DATE OF OPERATION 198 CO. 1/25/70 WAS	NDITION FOR THE CUDITIES	WHICH OPERATION			ES, WERE FINDING FYING CAUSES O	GS CONSIDERED F DEATH?
OR CO	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (notify medical examiner)	21 B. hom etc.	PLACE OF INJURY (e.g., in ie, form, foctory, street, aff	or obout 21 C. W	HERE DID (II	In Boltimore City, (	give exact location)
OF IN	NJURY .		INJURY OCCURRED  ile At Work  At Work		OW DID INJURY OCCU	R?	
	certify that (1) (this hospita (1) (we) last saw the deceas		he deceased from Nov December 30t	ember 20 h 19 70	and that In (m/)	December	30th 19 70
and 1	hour and from the causes sta	ated abave.	(We) (did) (did hoft)	ew the body o	fter death.		ATE SIGNED
23 C.	HYSICIAN'S AME (Typo)	oter	OEGREE Phys.	ding M. Di	ed. Stoff Phys. 2 3900 Loch Ra		2/30/70
	DONALD H		DEGREE		Baltimore, M	aryland 2	1218
	IAL CREMATION, 24B. DATE	24C.N	AME of CEMETERY of CREA	MATORY	24D. LOCATION	(City, lown,	, or countyl (Stotel
25A, DAT	Burial 1/2/7 E REC'D BY HEALTH DEPT.  AN 5 1971	25B. NAME &	the Westley	25C FUNERA	Dashiell	Maryla: 426 Do	ver St. East
VS 150-RE	EV. 1/1/68						



	/ 70 12	QAQ	BALTIMORE CITY	HEALTH DEPARTMENT	Γ	70 12848
)-3/9	10 36	0.3.0	CERTIFICA	TE OF DEATH	REG. NO	40 70000
INAME OF DE	CEASED		OEKTII TO		AND HOUR OF DEATH	
(Type or Print)	4	ハーナナトー	( , )		1	U6 45
3 PLACE IN B	ALTIMORE MARYANO, W	HERE PRONOUNG	TED DEAD		, , , ,	institution; residence before odmission)
J. ILACE IIV D.	ALIMOKE MAKINANO, W	HERE PROHOUNCE	LO DIAD	A. STATE B. CO	YTHUC	
FULL NAME O	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTIO	N, GIVE STREET	MID	Balto	
INSTITUTION	ADDRESS OR LOCA	11014)		C. CITY OR TOWN		SIDE CITY LIMITS?
00	JOHNS	HOPKINS	HOSPITAL	Bartin		YES NO
33	0011110	110111111		E. STREET AND NUMBE		1115 1510
					SOHEMAN	HVE. 3
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. tf Under 24 Hrs. Months Days Hours Min.
(V)	N	WIDOWED	DIVORCED	0-03-05	6.5	
	CUPATION (Give kind of world	108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer	of working life, even if retired)	Polto C	C E1		3 0	
3. FATHER'S N	AMF	parto. G	as & Elec	Stevenson (		U.S.A.
	STEEPLE				PATTERSON	
FRAIN	STEEPLE					
5. Was Deceas	ed Ever in U. S. Armed For	ces? 16	SOCIAL SECURITY NO.	17. INFORMANT 3901	Boarman Aver	nue ADDRESS
no		21	2-05-347	Adelaide I		
18. /	1-1	<u> </u>	CAUSE OF DEAT			APPROXIMATE INTERVAL
10	ASE OF CONDITION DE	DECTI V				BETWEEN ONSET AND DEATH
Dist	LEADING TO DEATH	KLC ILI		Q	1 - Arrest	30 \
	not mean the made of		(A) IMMEDIATE CAU	A CONSEQUENCE OF	atory " Das	- Wun
	e, asthenia, elc. It meons amplication which caused			100	V	
	ANTECEDENT CAUSES			Drad	. /	142
DISTAGE			(8)	A CONSEQUENCE OF:	ic concina	ma - ya
	OR CONDITIONS, if the abave cause (A)		DOE 10, OK A3	A CONSEQUENCE OF:		
	NG CONDITION last.		(C)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	11					
O THER SIGN	IFICANT CONDITIONS CO					
	ATH BUT NOT RELATED TO T					
19A. DATE (	OF OPERATION 198. CON	DITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes o		FINDINGS CONSIDERED AUSES OF GEATH?
	WA3 . EK	OKIVIED		yes	NO	A0323 01 02A111.
U 21A. ACCIE	ENT WAS UNDERLYING		ACE OF INJURY (e.g., i	or obout 21C. WHERE DI	D (If In Boltime	ore City, give exoct location)
	ify medical examiner	etc.)	om, locioly, silver, o		N.	
Q 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E, IN	JURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY		While				
		Work	☐ At Work			
22. I certi	fy that (1) (this hospital	l) attended the d	deceased from	13   31	19 70 ta	12/3/ 1970
that (1) (w	e) lost saw the decease	ed olive an	12 31	19 70 and	d that in (my) (aur) ap	olnian death accurred on the date
and have a	and from the causes sta	ted above (I) (V	Ve) (did) (did not) v			-/
23A, SIGNA		100 00010.	rey (lata) (lata tion) v	Tew the bady differ dea		23 B, DATE SIGNED
20.410.414	OFT		Atte	nding Med.	Staff	15.15
	Teler 2	ensen	DaEGREE Phys	Director L	Phys.	12/3/10
23C. PHYSIC		7		23D. ADDRESS	0	10 -
	reter	100	ASEN ND	601 N	Droady	van : Br. Voo. MD.
24A. BURIAL C	REMATION, 248. DATE	24C. NAMI	E of CEMETERY OF CRE	MATORY 24	D. LOCATION (	City, to yri, or county) (State)
REMOVAL	(Specify) 1-5-71	M+ C	alwany Comet	0.44.7	A A O 36	, ,
Burial		1911 . CE	alvary Cemet	ery	A.A. Co, Mary	Aland
AN K	D BY HEALTH, OEPT.	3. 1832	Asirah	209. FONERAL DIREC	1735 Harford	d Ave. 21223
WILL A	All Amondo of	Braker Maria	1. S.	Marshall W	. Jones, Jr.	
VS 150-REV. 1/	1/68					



70 12849	CALTII OFRA STAIPLIT	20 40045
11 1/66	EALTH DEPARTMENT	70 12849
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	
I. NAME OF DECEASED W	2. DATE Known Month Day	Year Hour
1. NAME OF DECEASED W. (Type or Print) RICHARD HOLEMAN	OF THE STATE OF	Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated Month Day	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD December 31,197	
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: r	
MARYLAND GENERAL HOSPITAL	A. STATE B. COUNTY	The state of the s
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
Male Negro WIDOWED DIVORCED		X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	. E. STREET AND NUMBER	II ALL
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. 11-6-1932 If Under 1 Yr. If Under 24 Hrs. Months, Days Hours Min.	706 N. Monroe Street	1601
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME	
Halifax Co., Virginia WHATCOUNTRY?	Benjamin Holeman	
14A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTR		
done during most of working life, even if retired) Laborer Beth-Steel	Lillie Holeman	
		RESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (Ill yes, glye war or dates of service) Yes. 7/9/52 6/19/54 230-34-5039	Mrs. Elizabeth Stovall 2707	Uhler Avenue
19. P Q Q Q CAUSE OF DE	ATH	APPROXIMATE INTERVAL
	iral Hematoma	BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
/AIIMMEDIAIF	AS A CONSEQUENCE OF:	
(This does not mean the mode of dying, e.g., heart follure, asthenia, etc. it means the disease, injury or complication which caused death.)		
DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z UNDERLYING CONDITION EAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		The second
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	AS DEDECORATED	II. AUTOPSY? (Yes ar No)
	AS FERFORMED	yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIB. In thome, form, foctory, street, office utiling ☐ cause of Death.	, In ar about 22C, WHERE DID (If in Baltimore City, give exact ce bidg., etc.) INJURY OCCUR?	location)
DUTING CAUSE OF DEATH.	Bethlehem Steel, Sparrow	s Point
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED		
1/APPROX 12-2/1-70 D WHILE AT THE NO	WORK Subject collapsed at wor	k
23.		
	utopsy 🗵 and that on this basis, death in my of	olnion
resulted from: Natural causes Accident 🗵 Suici	de Homicide Undetermined manner	
1 001711	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE WHY WAS	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Ronald N. Kornblum, M.D.		1/1/71
NAME (Type)		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)		or county) (State)
Burial 1-4-71 Zion Hill Ce	metery Mayo, V	irginia

VS 151-REV. 1/1/68

1-4-71 25A. DATE REC'D BY HEALTH DEPT. 7 25B NAME OF REGISTRAR

ADDRESS

Zion Hill Cemetery

25C. FUNERAL DIRECTOR

MORTON & PYETT F.H.

1701 Laurens St.

--1932 ifix ... ir i !... 7-7-6-Research Control of the Control of t Me. 7/12 Cf./ B St.-D. Com re. Stiessey Joseph Me 7 Ter Averue reserved to the second of the

VS 150-REV. 1/1/68

 TYCOT	BALTIMORE CITY HEALTH DEPARTMENT
LIEDICAL	CVALUEDIC CENTIFICATE

1	9 001		MED	ICAL	EX	AMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	70	15851
	TH NO.	EASED					2. DATE	Known 🗍	Month	Doy	Year	Hour
(Typ	e or Print)	JOSEPH	RANDO	OT.PH			OF DEATH	Estimoted	171011111	50,		
4. 1	PLACE IN BAL				ONOL	JNCED DEAD	3. DATE		Month	Doy	Yeor	Hour M.
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	AL OR INST	TITUTIO	N, GIVE STREET		INCED DEAD		per 9,1		3:45 A <sub>M.</sub>
12	1- (3)	OVIDEN:	T HOSP	ΤΤΔΤ.			A. STATE	Maryland		B. COUNTY		
6. 5	SEX	7. RACE	I HODI.		IED 🗍	NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	
1	Male	Negr	ro	WIDOW	_	DIVORCED [X	Bal	timore		,	res 🗙	NO 🗆
	ATE OF BIRTH				If Und	er 1 Yr. If Under 24 Hrs	. E. STREET	AND NUMBER		'		
	7-14-190	04	10. AGE (In lost birthdo	v) 66	Months	Days Hours Min	1316	Druid Hi	11 Aver	nue	1	702
11.	BIRTHPLACE (S	tole or foreig	n country)			IZEN OF	13. FATHER	SNAME				
S	cottsvil	lle, Vi	rginia			U.S.A.	Robe	ert Rando	l ph			
I4A	USUAL OCCU	PATION (Giv	e kind of work	148. KIND	OF BU	JSINESS OR INDUST	Y IS. MOTHE	R'S MAIDEN NA	ME			
JOTA	N/A	OLKING HIE, EV	en miemeoj				Mary	E. Jones	5			
16.	WAS DECEASE	ED EVER IN	U.S. ARMED	FORCES	? 1	7. SOCIAL SECURITY NO.	18. INFOR	TAAN				klyn, N.Y.
	No.						Mrs. N	Marie E.	Branham	60 k	(ingsla	
	19.	901	X			CAUSE OF DE	ATH					PROXIMATE INTERVAL VEEN ONSET AND DEATH
	DISEASI	E OR COND	MON DIRE	CTLY		Smoke	and Soo	t Inhalat	ion In	cident	to	
		LEADING TO				(A)IMMEDIATE	CHOSE	onflagra <b>t</b>	ion			
Н	heart failure,	of mean the , osthenio, etc	. It means the	ing, e.g.,		DUE TO, OR	AS A CONSEC	UENCE OF:				
	inforth of cou	plication which	ch coused de	oin.)								
		NTECEDENT				(8)						
	RISE TO THE	OR CONDITION	ONS, IF AN' USE (A) STA	r, giving Ting the		DUE 10, 01	AS A CONSE	QUENCE OF:				
2	UNDERLYIN	IG CONDITI	ION LAST.			(c)						
TIO			11									
CERTIFICATION	TO THE DEA	IFICANT CON	RELATED TO	THE TERM	INAL	Arteri	osclero	tic Cardi	ovascu:	lar Dis	ease	
F		CONDITION				HICH OPERATION V	VAS DEDECIDA	ED			IZI AUTO	PSY? (Yes or No)
CER	DAIE OF	OFERAIIO	200. CO	ADIIIOIA	POK W	THICH OPERATION V	VAS PERFORM	LED				
¥	22A. EXTERI	NAL CAUSE	WAS		228. PI	ACE OF INTURY (e.o.	In or about 2	2C. WHERE DID	/ii in Rollimor	e City, nive ex		10
Q	UNDERLYING	OR CON	TRIB-		home,	ACE OF INJURY (e.g. form, factory, street, off House	ice bidg., etc.)	NURY OCCUR? 1314 Drui	4 11:11	Arronito	act rocaliony	02
MED	UTING E CA		Ooy) (Yea	r) (Hou	1 225	INJURY OCCURRED	6 3 1	2F. HOW DID IN			1/	C
	OF INJURY (APPROX.) 1				WH	ILE AT NO	Tunilla	Subject i				
	23.				m. WC	ZKK LJ AI	WORK [4]	bubject 1	II HOUSE	. 1110		
		ify that I h					utopsy -	and that on t				
	result	ted from: N	integral cau	ses 🗌	Ace	cident X / Suici	ide 🗌 He	micide 🔲	Undetermi	ned manner		
		1	101	1 11	11	11		CHIEF MEDICAL	EXAMINER			DATE SIGNED
	SIGNATI		uld	1	100	M	D. ASSI	STANT MEDICAL	EXAMINER	X		
	EXAMINI NAME (T	ype)	onald l	N. Ko	rnb1	um,M.D.	ASSO	CIATE MEDICAL	EXAMINER		12/9/	70
24. PF	A. BURIAL CREA MOVAL (Special	MATION, 2	4B. DATE		24C.	NAME of CEMETER	or CREMATO	DRY 24D.	LOCATION	(City, tow	n, or county	) (Stote)
1	Burial	1	1-9-7	1	E	vergreen Ce	meterv		Brook	yn, I	New Yor	·k
25	A. DATE REC'D	5 1977	Valle A	25B. N		OF REGISTRAR	25 C.	ON & DIY		N.	ADDRESS	ens Street
VS	151-REV. 1/1/68	M	98	7.	4							

רב. ברו ז. די ב יו יו בר IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT	0.400
BIRTH NO. 70 12852 CERTIFICATE OF DEATH REG. NO	0 12852
1. NAME OF DECEASED (Spruiel) (Type or Print) 2. DATE AND HOUR OF DEATH	930/0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (White deceased lived, If institution as STATE B. COUNTY	an: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARY Land	
Lincoln Memorial Nunsing Home Baltimore YES	
27 n. Caney St. Bold. Md. 2252 Picce Aug 6	16182
73 7 7 9 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	Inder 1 Yr. If Under 24 Hrs. ths: Days Haurs; Min.
MARE NEGLO WIDOWED DIVORCED 1/10/00 70	CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  Petersburg, Virginia  Un Known	() ( )
13. FATHER'S MAME	013,11
15. Was Deceased Ever in U. S. Armed Ferres? 116 SOCIAL 17 INCORMANTS	Tanner
(Yes, no ar unknown) (If yes, give war er dates of service) SECURITY NO.	3 Lauretta Avenue
18. 4 3 6 7 CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE	
IThis does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury ar complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, il any, giving nise to the obave cause (A) stating the UNDERLYING CONDITION last.  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes et No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF CONDITION 20B. IF YES, WERE FINDING CAUSES OF CONDITION 20B. IF YES, WERE F	IGS CONSIDERED
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg. INJURY OCCUR?	give exact lecation)
21D-TIME (Manth) (Day) IYeer) IHour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While	
(APPROX.)  Work  Not While At Work  At Work  22. 1 certify that (1) (this hospital) attended the deceosed from	/2
that (I) (we) last sow the deceased alive on 12/3/ 19 70 and that in (my) (our) apinion of	leath occurred on the date
and hour and from the couses stated abave. (1) (We) (did) (did not) view the bady after death.	
Attending Med Stoff	DATE SIGNED
23C. PHYSICIAN'S NAME (Type) // 23D. ADDRESS	
MOLAIS DEUNALINE DEGREE 1801 GLEENBERLY K	d Mr. hed
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tow Burial 1-5-71 St. Thomas Cemetery Randallstown,	Maryland
254 PATE REPORY HEALTH DEPT.   258, NAME OF REGISTRAR )   125C) FUNERAL DIRECTOR	Maryland
VS 150-REV. 1/1/68 Value & Saiber R.D. Morton + Dyett adam.	1701 LAURENS ST

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150-REV. 1/1/68

4-354 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	70	12853	CERTIFICA	TE OF DEAT	H REG. N	0. 70	12853	_
1. NAME OF DEC	MARY HUI	ONFLI		1	TE AND HOUR OF D			_
3. PLACE IN BAI	TIMORE MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE	ecember 31,		residence befare admission	A.
FULL NAME OF HOSPITAL OR INSTITUTION			JTION, GIVE STREET	MARYLAND  C. CITY OR TOWN	COUNTY	. INSIDE CITY I		_
00	1319 W. Moshe	er Stree	et.	BALTIMORE E. STREET AND NUMB 1319 W. MO	sher Street	YES 🔀	1/207-	-
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	s If Unde	er 1 Yr., il Under 24 Hrs	=
Female	Negro	WIDOWED	DIVORCED	8-12-1902	last birthday)	8 Months	Doys Hours Min.	
IOA. USUAL OCC	UPATION (Give kind of work working life, even it retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CtT	ZEN OF WHAT COUNTR	۲7
Housew		Нс	ome	Baltimore,	Maryland		U.S.A.	
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	INAME			_
Un	k.			Unk.				
5. Was Deceased	Ever in U. S. Armed For	es?	1 6. SOCIAL	17. INFORMANT			ADDRESS	-
lo.			SECURITY NO.	Mr. Howard	Hudnell	1319	W. Mosher St.	
18. 44.	0.91		CAUSE OF DEATH			.,,,,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	_
OTHER SIGNIFO TO THE DEAT OF T	SE OR CONDITION DIR LEADING TO DEATH  not meen the made of asthenia, etc. it means aplication which caused  ANTECEDENT CAUSES  OR CONDITIONS, if e obove cause (A) G CONDITION fost,  II  CICANT CONDITIONS CON H BUT NOT RELATED TO THOM OPERATION TO THE CONDITION OF C	dying, e.g., the disease, death.)  ony, giving stating the stating the NTRIBUTING ITE TERMINAL 1 (A).  ORMED	(B) COKS) DUE TO, OR AS (C) MYDEAK	A CONSEQUENCE OF:  A CONSEQUENCE OF:  LISTS CUST  A CONSEQUENCE OF:  LOSS CUST  A CONSEQUENCE OF	Disease,  MAKNEW P & T  OF NO 208, IF YES, V IN CERTIFYING	Paretion  Pareti	20 min.  3/2 years  3/2 years  CONSIDERED DEATH?	
21D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	While Work			INJURY OCCUR			-
that (1) (we)	lost saw the decease	dalive on		19 <u>70</u> on		2 -18 ) opinion dec	19 70 th occurred on the dat	•
23A. SIGNATU 23A. SIGNATU 23C. PHYSICIA NAME (T	re CP. Ou	Luip)		ding Med. Director C	Stoff Phys.	238 DAT	TE SIGNED	
4A. BURIAL CREATER REMOVAL	MATION, 248, DATE	24C.NA	ME OL CEMETERY OF CREA	1 1/201	D. LOCATION	(City, town, o	or county) (State)	-0
Buria			unt Auburn Cem					
5A. DATE REC'D		258 NAME OF	The Contract of the Contract o	250 PUNERAL DIREC	Baltimore	-	Maryland	-
AN	19/1 345er	c, value	NED.	MORTON & D	YETT F.H.	1701 La	urens Street	

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VS 150-REV. 1/1/68



IMPORTAN

DIRECTOR:

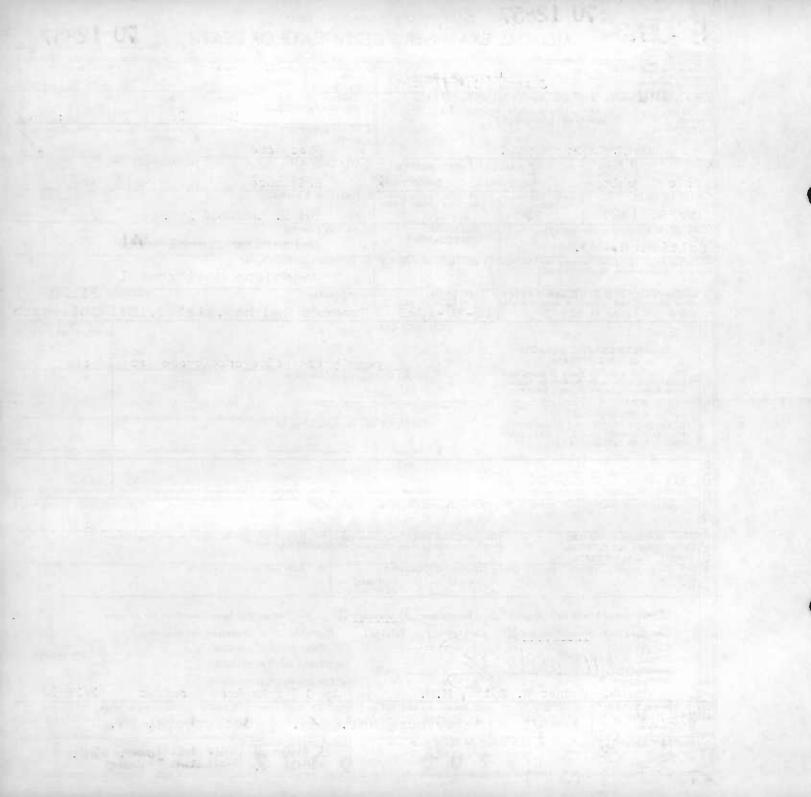
FUNERA

100 000 000

of section as he

WINDERSON BOLLS, BEEN BOLLSON INCHES

	SEX	7. RACE		8. MARRIE	DONE	ER MARRIED	C. CITY OR TOW	N	D. INSIDE CITY	Y LIMITS?
1	male	white		WIDOWE		DIVORCED 🔀		timore	YES	O NO O
	ay 5,	1927	10. AGE (In last birthday			r. If Under 24 Hrs. ys . Haurs   Min.	E. STREET AND			702
	BIRTHPLACE(S altimo:			1:	2. CITIZEI	N OF COUNTRY?	13. FATHER'S NA	ME loeslaw C2	zekalewsl	ki
				14B. KIND	OF BUSIN	ESS OR INDUSTRY	15. MOTHER'S M	aiden name gdalena Ga	asiorows	ki
5.	WAS DECEASI , no ar unknawn) Ves	D EVER IN (If yes, give v	var or dates	of service)	S	OCIAL ECURITY NO. 0-4823	18. INFORMANT	Renshaw,		DRESS 21220 531 Chilworth
	(This does no	OR COND LEADING TO to mean the asthenia, etc.	DEATH made of dvi	Ing. e.g		(A)IMMEDIATE C		ensive card	iovascula	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CS		NTECEDENT OR CONDITION ABOVE CAN IG CONDITION	ONS, IF ANY USE (A) STAT ON LAST.	, GIVING IING THE		(B) DUE TO, OR	AS A CONSEQUEN	CE OF:		
LICA!	OTHER SIGN TO THE DEA DISEASE OR	IFICANT CON ATH BUT NOT CONDITION	II NDMONS CO RELATED TO GIVEN IN PA	ONTRIBUTII THE TERMIN ART 1 (A)-	NG IAL					
CER	20A. DATE OF	OPERATION	1 20B. CON	NDITION FO	OR WHIC	HOPERATION W	AS PERFORMED			21. AUTOPSY? (Yes ar Na) Ves
という	22A. EXTERI UNDERLYING UTING ☐ CA		TRIB-	22 h	B. PLACE ome, form,	OF INJURY (e.g., factory, street, affic	In ar about 22C. V bldg., etc.) INJUR	HERE DID (If in Boltin OCCUR?	nare City, give exact	lacation)
M	OF INJURY (APPROX.)	Manth) (D	Poy) (Year		22E.ĮNJ WHILE A WORK		WHILE CORK	OW DID INJURY OC	CUR?	
	ACTUAL SIGNATU EXAMINI NAME (T	ER'S ype)	Survey causes	Th	Accide:	Sulcid M.D.	Homici CHIEF ASSISTAN ASSOCIATI Deputy Ch	MEDICAL EXAMINER MEDICAL EXAMINER MEDICAL EXAMINER ief Medical	mined manner C	
4.	A. BURIAL CREA MOVAL (Special Burial	AATION, 2	1/4/7	71		tysburg	or CREMATORY Nat. Cem	24D. LOCATIO	ysburg,	
5,	A. DATE REC'D	BYNEAUH.	EPTRA	258. NA	ME OF RE	GISTRAR	Schi	RAL DIRECTOR munek Fund 01 B. Mad	eral Hom	e, Inc.
5	151-REV. 1/1/68									



70 19459

101()	4	130	E.C
170	A.	<0	DG.

N-557	0	MED			BALTIMORE CITY HE			DEAT	H REG. NO.	70	12858
I. NAME OF DE		EDWARD	M. N		AN	2. DATE OF	Known 🔯	Month	Doy	Yeor	Hour
4. PLACE IN BA						DEATH 3. DATE	Estimoted L		mber 31		м
FULL NAME OF					ON, GIVE STREET	11	UNCED DEAD	Month Decei	mber 31	Year 1970	11:10 A
OR INSTITUTION	3047	Gilfor	rd St	ree	t	5. USUAL F A. STATE	ESIDENCE (Where		B. COUNTY	n: residence	before odmission)
6. SEX	7. RACE		8. MARR	IED [	NEVER MARRIED	C. CITY OF	Maryland TOWN	21218	D. INSIDE C	ITY LIMITS?	
Male	White	9	WIDOW	_	_		Baltimore		.,		
9. DATE OF BIRT				II Und	der 1 Yr. II Under 24 Hrs.	E. STREET	AND NUMBER		Y	ES X	ио Ц
2/26/2	0	t 0. AGE (In lost birthdo	<sup>()</sup> 50	Month	Doys Hours Min.		2047 0:15	C	All C	2	
II. BIRTHPLACE				12. CI	TIZEN OF	13. FATHER		ord Sc	reetAVQ		
					HAT COUNTRY?						
14A.USUAL OCCI	imore,	kind of work	14B. KIND	OF B	USINESS OR INDUSTRY	EC	ward J.	Noona	an		
done during most of	working life, ev	en li retired)									
16. WAS DECEAS	ED EVER IN	J.S. ARMED	FORCES	2 1	17. SOCIAL	IB. INFOR	lia A.Wh	iltty	A	DDRESS /	21212
(Yes, no ar unknown	(Il yes, give w	ar ar dotes	of service)		SECURITY NO.	Coal	MANT827 EX	eter	Hall "	4	21218
119. 4/	12 11				CAUSE OF DEA		erine Wi	Illian	ns, s19		PROXIMATE INTERVAL
7/	0 171				CAUSE OF DEA	In					EEN ONSET AND DEATH
DISEASES RISE TO TH UNDERLYII	LEADING TO not meon the e, asthenio, etc. mplication which NTECEDENT OR CONDITION E ABOVE CAL NG CONDITION	mode of dying mode of dying means the h coused deconstant of the coused seems of the c	disease, th.) GIVING		(8) DUE TO, OR	AS A CONSEC					
TO THE DE	ATH BUT NOT	RELATED TO	THE TERMI	NAL							****************
20A. DATE OF	F OPERATION	208. CON	DITION	FOR W	VHICH OPERATION WA	AS PERFORM	IED				PSY? (Yes or No)
UNDERLYING UTING CA	USE OF DEAT	RIB-	i	22B. PL home,	ACE OF INJURY(e.g., farm, loctory, street, office	in or obout 2 bldg., etc.) II	2C. WHERE DID (I	f in Boltimor	e City, give exo	Y (	25
22D. TIME OF INJURY (APPROX.)	(Manth) (D	oy) (Yeor)		WH	HILE AT HOTORK AT W	WHILE	2F. HOW DID INJ	URY OCCU	IR?		
I cert	ify that I he		iquiry [			opsy X	ond that on th	is basis,	death in my	opinion	
ACTUAL		all		AE	cident Suicid	ASSI	omicide U CHIEF MEDICAL EX STANT MEDICAL EX	CAMINER	ed monner L		DATE SIGNED
SIGNATI EXAMIN NAME (1	ER'S Cha	rles S	S. Spi	ring	gate, M.D.		CIATE MEDICAL EX		☐ Decem	mber 31	1970
24A. BURIAL CREA	MATION, 124	B. DATE		24C.	NAME of CEMETERY	or CREMATO	RY 24D. L	OCATION	(City, town	, or county)	(Stote)
Buria		1/4/7		I	Holy Redeen	ner Ce	meterv	Ba1	timore	. Md.	
JAN JAN	6 1971	Police &	258. NA	AME,C	OF REGISTRAR	2505	WHEITH BIRESTO		ral Ho		ic.
VS 151-REV. 1/1/68	8										

OF THE RESERVE OF THE PROPERTY OF THE PARTY 
0	7	2850 BALTIMORE CITY	HEALTH DEPARTMENT		70 12859
5-36	27	CERTIFICA	TE OF DEATH	REG. NO	10 16000
NAME OF DEC	EASED STREJCE	K Prailocc		AND HOUR OF DEATH	11:45 A.
3. PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE	Where deceased lived. If i	nstitution; residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTION, GIVE STREET ATION)	Maryland c.city or town Baltimore		IDE CITY LIMITS?
3			E. STREET AND NUMBE		1 4 3
The Jo	ohns Hopkins	s Hospital	423 N. Du	incan Street	605
. SEX	6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
5-	W	WIDOWED DIVORCED	4/17/96	74	
	UPATION (Give kind of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY
	ewife	at home	Denton, M	rd.	
			14. MOTHER'S MAIDEN NAME		
	Frank G	iffith	Sall	ey Bradley	
5, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL			17. INFORMANT ADDRESS 21237		
es, no or unknow	n) (If yes, give wor or dote	SECURITY NO.	Anna Bures,	neice,524 I	Pa tapsco Ave.
18.	X / IX	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI		Renal foul		4 da
(This does	LEADING TO DEATH	(A) IMMEDIATE CAL	136	•••	( ango
heart failure,	, asthenia, etc. It means	the disease,	A CONSEQUENCE OF	tress when	- 6 days
injury ar car	mplication which caused	7年 日 (100	(	1	
	ANTECEDENT CAUSES	[- (g)	memonia 1	who may edle	not 12 occups
	OR CONDITIONS, if the above cause (A)	9 40	1	,	3 weeks
	G CONDITION last.	(c) (c)	hip pactur		900000
	II				
TO THE DEA	IFICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAI	HE TERMINAL IN COUNTY	ic debili	tation	
		IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING CAUSE OF y me and exominer)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	fice bidg., INJURY OCCU	me: blown or	er by wind
21D. TIME OF INJURY	(Month) (Doy) (Year) 12-7-76	(Hour) 21E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR? and	d tructured hip
22   1 4:5	. Aban (1) (Abla baratta	1) attended the deceased fram	7 - 7	19 70 ta 12	19.70
		12 - 21	19 70 an		
	) last saw the deceas				inian death accurred an the date
		ted abave, (I) (We) (did) (did nat) v	riew the bady after dec	ith.	DATE CICHED
23A. SIGNAT	1 1/	it mo	nding ☐ Med. ☐	□ Stoff € 7	23B, DATE SIGNED
	me a. 10	DEGREE Phy	s. Director L	Staff Phys.	12-31-70
NAME (	Type BRUCE A	A. REITZ M.D.	JOHNS H	TOPKINS HO	sp. , BALTO, MD
24A. BURIAL CRI	EMATION, 248. DATE	24C. NAME of CEMETERY or CRI	EMATORY 24	D. LOCATION	City, town, or county) (State)
Buria		Holy Redeemer	Cometery	Baltimore	Md
	D BY HEALTH-DERT.	25B NAME OF REGISTRAR	O 250 TUNERAL DIREC	Funeral F	ADDRESS
JAN 6	1971 Jakob &	Caroling Many	2601	k'Funeral F E Madisor	Home, Inc.
/S 150-REV. 1/1/	/68	0,7	2001	E. Madisor	SI.

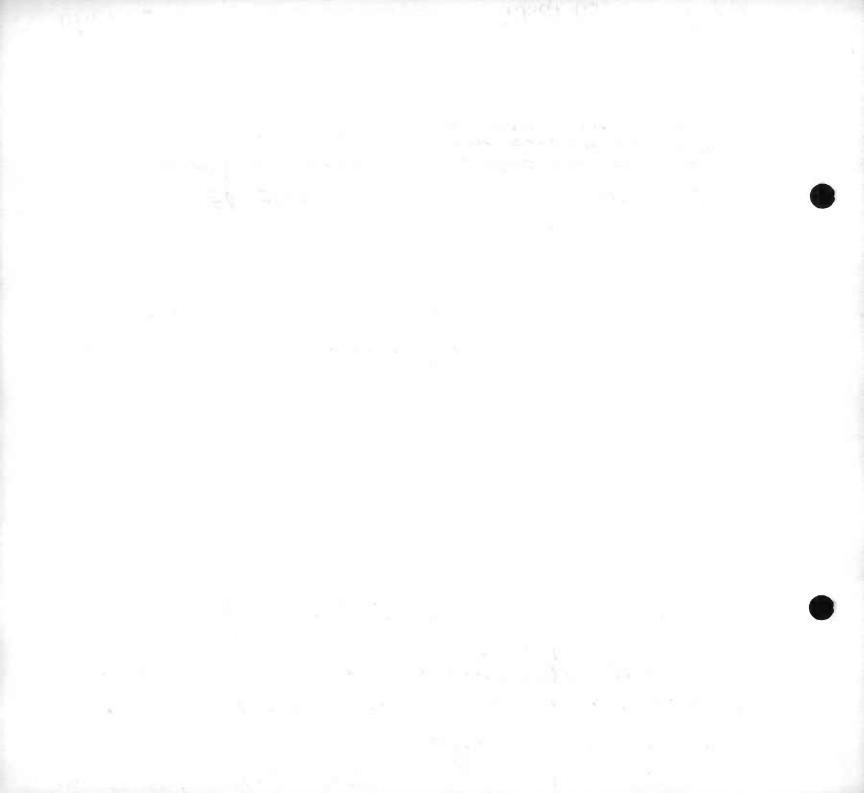


1	BALTI	IMORE CITY HEALTH DEPARTMENT	10000					
£	70 12860 CER	TIFICATE OF DEATH REG. NO. 70	12860					
Such	1. NAME OF DECEASED	2, DAYE AND HOUR OF DEATH						
	KELLY, JAMES EDWARD J.		6.20 D					
eath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONDUNCED DEAD	December 31, 1970  4. USUAL RESIDENCE (Where deceosed fived. If institution: re: A. STATE B. COUNTY	idence belose odmission)					
de	FULL NAME OF (IF NOT IN HOSPIYAL OR INSTITUTION, GIVE							
D	HOSPIYAL OR ADDRESS OR LOCATION) INSTITUTION	I IC. CITY OR TOWN D. INSIDE CITY LIA	AITS?					
-	Veterans Administration Hospi	I DOT OTHOLE	NO					
prior	3900 Loch Raven Boulevard	E. STREET AND NUMBER	1/27					
0.0	Baltimore, Maryland 21218	4206 Raymar Ave.	Ca 3 e-					
deceased tion is ma	MARKIED NEVER MU	lost birindoy) Months:	1 Yr. II Under 24 Hrs. Doys Hours Min.					
is	MIDOWED DIVE	ORCED 1-20-1896 74	N DF WHAT COUNTRY?					
0 0	done during most of working life, even if retired) II. S. Cirvil S		5. A.					
Sit	Guard 13. FATHER'S NAME		J. A.					
the		14. MOYHER'S MAIDEN NAME						
on the d	James P. Kelly 2/9-6/-	-6882 Anna Bell Caulk						
A 0	rest no of nurrownilly Aes' dide Mat of goies of selvicel   SECRETA	Y NO.	ADDRESS					
fina		01-20-96 3900 Loch Raven Blvd., Baltimo	re, Md. 21218					
attenda med or	1 9 11 3	E OF DEATH	APPROXIMATE INTERVAL					
med	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DECOTO ATODY TATTION	26 havena					
ba	near failure, asinenia, etc. Il meons the disease,	arcinoma of Base of tongue, metastatic						
gula	o neck and lungs							
978	DISEASES OR CONDITIONS, if ony, giving	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:						
E S	rise to the above couse (A) stating the UNDERLYING CONDITION last, (C)							
was ir mains	11							
	O OYHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUY NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (4)	OYHER SIGNIFICANT CONTRIBUTING						
an e re		TO THE DEATH BUY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
physician ore the re	19A-DATE OF OPERATION 19B CONDITION FOR WHICH DPERA	IN CERTIFYING CAUSES DE DEATH?						
No phys before	U 21A. ACCIDENT WAS UNDERLYING   1218. PLACE OF IN	162						
0 0	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF IN home, form, foctor etc.)	NJURY (e.g., in or about 21C. WHERE DID (II In Boltimore City, give ry, street, office bidg., INJURY DCCUR?	exoct location)					
Z 2	21D-YIME (Month) (Doyl (Year) (Hour) 21E INJURY OCC	CHIPPED 215 HOW DID INVIOLE COLUMN						
and (6) N obtained !	▼ (APPROY) While At □							
nd of a	Work L							
840	22. I certify that (M (this hospital) attended the deceased							
h)	that H) (we) last sow the deceased alive on <u>December</u>	r 3] 19 70 and that in (Max) (our) opinion death	occurred on the dote					
ust	that M) (we) last sow the deceased alive on December 31							
prior to								
rio	NAME (Type ( Holmes mc) 23D. ADDRESS VA HOSPITAL, 3900 Loch Raven Blvd							
deceased prior to written approval	E C HOLLES, MD  DEGREE  Baltimore, Md  24A- BURIAL CREMATION,  24B- DAYE    24C. NAME of CEMEYERY OF CREMATION    24D. LDCATION    City, town or county							
Sec n	REMOVAL (Specily)		countyl (Stotel					
100	DURIAL 1-4-1 MOST HOLY DECEMER SALTO Md.							
P S	JAN 6 1871 Color & Selection of Recistrate of Nollin Corelin 5444 BELAIR Rd.							
-	VS 150-REV. 1/1/68	7. Nakle Conflex 5444	DELAIR Kd.					

	M SUX /U 12861 BALTIMORE CITY	Y HEALTH DEPARTMENT 70 12861					
2002	BIRTH NO.	ATE OF DEATH REG. NO.					
and eath ase th th	I.NAME OF DECEASED	2, DATE AND HOUR OF DEATH					
	(Type or Print)	1.77 / /					
of of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	M. JUSUAL RESIDENCE (Where deceased lived, Il institution; residence before admission)					
		A. STATE B. COUNTY					
hos use ; (5) danc	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD-					
cau cau se; end	PLEASANT MANOR NURSING HOME	C. CITY OR TOWN  D. INSIDE CITY LIMITS?					
ng caus	ULIS PARK HEICHTS AVE	BALTIGORE YES NO					
D .= _ L .	BALTIAOBE, MD 21215	1325 WINSTON QUE 2739					
- 30 B D	5. SEX 6. RACE 7. MARRIED NEVER MARRIED						
ccur min gul sed ma	F CAU WIDOWED DIVORCED	last birthday) Months Doys Haurs Min.					
o o o o o o o o o o o o o o o o o o o	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRE	JUNE 14 1810 95					
e in the	done during most of working life, even if retired)						
or Inde s ir de		MARYLAND USA.					
if dect 4) Uwa wa the	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
2 0	in NKNO wond	en as perde as of					
- 0 a a a	15. Was Deceased Ever in U. S. Armed Forces? (Tes,na or unknown! (II yes, give war ar dates of service! SECURITY NO.	17. INFORMANT ADDRESS					
- S - C - C - C - C - C - C - C - C - C	SECURITY NO. 554-32-6640	11/1/ March 102=12 and 124					
# * TO 0 .	18. A CAUSE OF DEAT						
his a so, if an inced endo	The state of the s	The second of th					
w 0 3 4 6	LEADING TO DEATH	hai Infaction, aude Between ONSET AND DEATH					
	(This does not meon the mode of dying, e.g., head failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:					
227200	injury or complication which caused death.i	per control of the co					
fra fra gul	ANTECEDENT CAUSES						
A A Wh	DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS	A CONSEQUENCE OF:					
S C L L	rise to the above cause (A) stating the						
8_ 8 2	UNDERLYING CONDITION last. (C)						
DE LIS & F	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (AL.						
dy by by con con the re	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED					
by a 2) Bo 2) Bo 10 the physicore t	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
he (2) ph for	U 21A ACCIDENT WAS UNDERLYING   21B PLACE OF INJURY (e.g., i or contributing   CAUSE OF   home, form, lactory, street, of	n ar about 21 C. WHERE DID (If In Boltimare City, give exact location)					
+ 5 0 0 0	A DEATH (natify medical examiner)   CAUSE OF   hame, farm, lactory, street, of	fice bldg., INJURY OCCUR?					
90-3 7	DEATH (notify medical examiner)  21D.TIME (Month) (Day) (Teal) (Hour)  21E INJURY OCCURRED  While At The Not While	21F. HOW DID INJURT OCCUR?					
hosp natur cept w d (6) ained	OF INJURY  (APPROX)  While At   Not While						
	Work L.J At Wark						
the an obt	22. I certify that (1) (this hospital) attended the deceased fram	1-29 1920 12-30 1970					
to to of a oil (P);	that (i) (was) lost sow the deceased alive an 12-21	19 70 - and that in(my) (aur) apinion death accurred on the date					
	and haus and from the causes stated above. (1) (We) (did) (did nat) v	lew the body after death.					
dent dent dent dent must	23A. SIGNATURE	23B, DATE SIGNED					
- War E -	Jack Culm no Atte	nding Med. Stoff Phys. 12/31/73					
a t a b b b b b b b b b b b b b b b b b	DE BUILDE DE ORTE	23D. ADDRESS					
was r An a C at c prior	FRANICE. KUEHN MD	721 MED ARTS RIDG. BOLTO 1					
	244. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE						
L71 00 -	1 17						
This cer the bod shows: was D.C decease	25A. DATE RECOD BT. HEALTH DEPT. 125E NAME OF REGISTRAL	Proceeding Baltimore Maryland					
This ce the boo shows: was D. deceas	JAN 6 1977 Use of the same of	25CL JUNEIAL DIRECTOR ADDRESS					
	VS 150-REV. 1/1/6B	Vimbrose INC 1328 Sulphur Sp. P.S.					

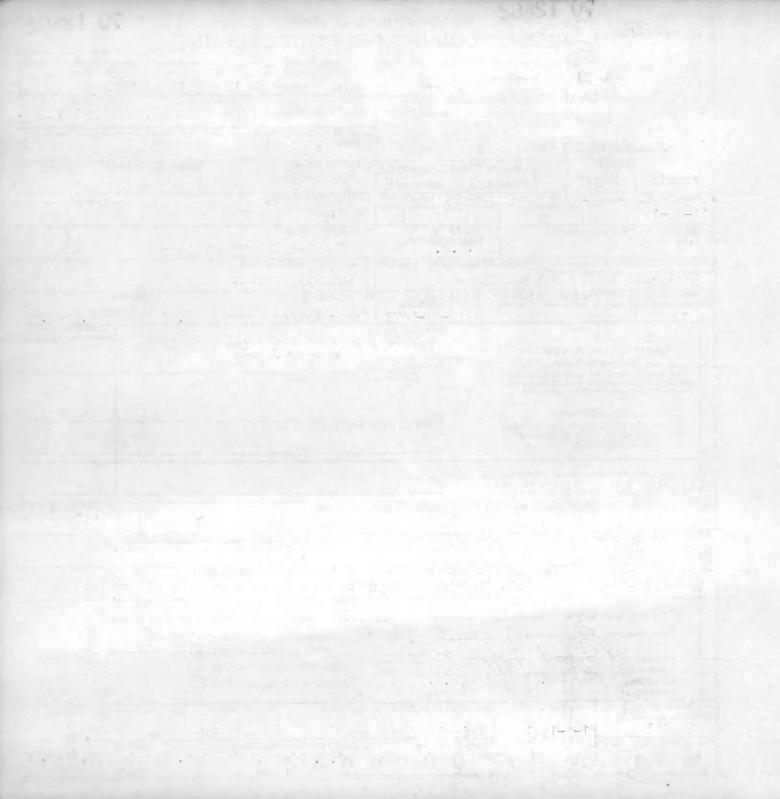
IMPORTANT

FUNERAL DIRECTOR:



BATHMORE CITY HEALTH DEPARTMENT  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG, NO.  LINAME OF DECEASED  (No. 1	П	0	-	U 12	2965	,	BALTIMORE CITY HE	ATTH DEPA	DTMENIT			70	19000
BERTHY   D.	6	3-650	5	AAET	NCAL	E				DE DEA	TLI		75995
I. NAME OF DECEASED (Vigor or Print)   DATE   From Common   Date   Name   Day   Year   Houry   Tree   Houry   March   Day   Year   Houry   Year   Year   Houry   Year	Bil	TH NO		MEL	JICAI	L E/	CAMINER 5	CKIIFI	CAIEC	IF DEA	REG. NO	o	
A. PLACE IN BALIMORE, MARYLAND, WHERE PRONOUNCED DEAD    PRINT IN MARY   Property   Prop	1.	NAME OF DE		NORE	ELIZA	ABEI	'H BROWN	OF					
SUBJECT   STREET AND NUMBER   SUBJECT   STREET AND NUMBER   STRE	4.	PLACE IN BA	LTIMORE, MA						California				
JOHNS HOPKINS HOSPITAL  5. SEX  7. RACE Pemale Negro Negro Negro Negro Negro Negro No DNOCED	HO	SPITAL	(IF NO	T IN HOSPIT	AL OR INS	STITUTIO	ON, GIVE STREET						N
Female Negro WIDOWED DINORCED Frederick YES NO DINORCED 1 Frederick YES NO NO NORTH NAME OF THE WIDNEY TY, II Under 24 Hrs. E. STREET AND NUMBER 26 E. 5th Street  11. 224-1930 II. BIRTHPLACE(Stote or foreign country) WIRDWAY 10 Moments Dark Hower Min. 26 E. 5th Street  11. BIRTHPLACE(Stote or foreign country) WIRDWAY 10 Moments Dark Hower Min. 26 E. 5th Street  11. BIRTHPLACE(Stote or foreign country) WIRDWAY 15. MONTHS BEIGHT days COUNTRY Charles Eldridge Palmer  12. CITIZEN OF BUSH COUNTRY Charles Eldridge Palmer  13. FATHER'S NAME Charles Eldridge Palmer  14. WAS DECEASED EVER IN U.S. ARMED FORCES? (SCURIY NO. 218-249673) James Walter Brown 26 E. 5th Street. Fred. Md  18. WAS DECEASED EVER IN U.S. ARMED FORCES? (SCURIY NO. 218-249673) James Walter Brown 26 E. 5th Street. Fred. Md  18. CAUSE of DEATH (In does not moon fine mode of dyto, e.g., hoor follow, eitherid, etc. moons fine discoop, individed which coused doesh).)  19. CAUSE of DEATH (In does not moon fine mode of dyto, e.g., hoor follow, eitherid, etc. moons fine discoop, individed which coused doesh).)  19. CAUSE OF DEATH (In does not moon fine mode of dyto, e.g., hoor follow). ASTAINING THE UNDERLYING CONDITION S.P. AND CRIVING CONDITION S.P. AND CRIV	3	JOHI		INS HO				S. USUAL P	Maryland	here deceosed			pefore odmission)
2. DATE OF BIRTH  11-22-130  10-AGE (in years)  11-22-130  10-AGE (in years)  11-22-130  10-BRITHA ACE(Stote or foreign country)  MARYLAND  12. CITIZEN OF  WHAT COUNTRY  U-32-A   10. FATHER'S NAME  Charles Eldridge Palmer  Labulat Occupation (Give ind et world label, Kind Or Business Or Industry)  Labolation (Give ind et world label, Kind Or Business Or Industry)  Charles Eldridge Palmer  Charles Eldridge Palmer  Charles Eldridge Palmer  Labulat Occupation (Give ind et world label)  Labolation (Give ind et world label)  Labolation (Give ind et world label)  Labolation (Give ind et world label)  Each of the country of t	MAKKIED ANEVER MARRIED							11					
II. BIRTHPI ACE(Siote or foreign country)   III. BIRTHPI ACE(SIO	O DATE OF DIDYIN							E. STREET	AND NUMBER			YES A	NO L
MARYLAND  WASPELAL OCCUPATION (Give kind of worl) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME  Clothing  Factory  Harriet Summers  Harriet Summers  II. INFORMANT  ADDRESS  Ver, you or or dobs of service)  II. INFORMANT  ADDRESS  Ver, you or unknown, illy ver, give wor or dobs of service)  II. INFORMANT  ADDRESS  Ver, you or or unknown, illy ver, give wor or dobs of service)  II. INFORMANT  ADDRESS  Ver, you wor or dobs of service)  III. INFORMANT  ADDRESS  III. INFORMANT  ADDRESS  Very or completely world or defined, and, when to could deeth, industry or completely which couned deeth, industry or complete					40	Mont	hs Days Hours Min.	26 E.	5th Str	eet		60-	11
IAJUSTADE OF CUPATION   Given incidency   148 kind of Business or Industry   15. Mother's Maiden Name   Harriet Summers   15. Mother's Maiden Name   15. Mother's Maiden Nam	11.			n country)									
Clothing   Factory   Harriet Summers	140			3. 1.6. 1	13 415 M 16 41			Cha	arles El	dridge	Palmer		
1. MANS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   18. INFORMANI   1	don	during most of v	JPATION (Giv working life, ev	e kind of work en if retired)	148. KINI	OFE	SUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN I	AME			
SECURITY NO.   218-24-9673   James Walter Brown 26 E. 5th Street Fred. Md   218-24-9673   James Walter Brown 26 E. 5th Street Fred. Md   219-24-9673   Ja	12			11 6 4 5 4 6						mers			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (fibt does not meen the mode of dyling, e.g., leads tolking, either the fibt most and defence, injury or compilection which coused death).  ANTECEDENT CAUSES DISEASES OR CONDITIONS, F. ANN, CIVING RISE TO THE AROYE CAUSE (A), STATING THE UNDERLYING CONDITIONS (A), STATING THE UNDERLYING CONDITION LAST.  (c)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A CONSEQUENCE OF:  (e)  DUE TO, OR AS A CONSEQUENCE OF:  (h)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A CONSEQUENCE OF:  (e)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A CONSEQUENCE OF:  (e)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A CONSEQUENCE OF:  (e)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A CONSEQUENCE OF:  (e)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A CONSEQUENCE OF:  (e)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A CONSEQUENCE OF:  (e)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A CONSEQUENCE OF:  (e)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A CONSEQUENCE OF:  (e)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A CONSEQUENCE OF:  (e)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A	(Yes	, no of unknown	(if yes, give v	vor or dotes	of service	31							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart follow; eithering, fact, it meens the disease, injury or compiletion which coused doeth.)  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, F ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH OF THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  222. EXTERNAL CAUSE WAS UNDERLYING CONTRIBUTING CONTR	-			All Control					Walter	Brown 2	6 E. 5t		
LEADING TO DEATH   Children   C		7 8	14,1	/					. w	Cnima	i+h 100	RETW	FEN ONSET AND DEAT
Child does not mean the mode of dying, e.g., heart follow; otherwise, dick. Hearts the disease, injury or complication which coused death.)    ANTECDENT CAUSES		_			CTLY		Flactur			-	I CII Tac	eracion.	
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAINING THE UNDERLYING CONDITION LAST.  (c)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DEEASE OR CONDITION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB. UNING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout) NUTING CAUSE OF DEATH.  22C. WHERE DID (II in Boiltimore City, give exact location) NUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) 12 - 20 - 70  Unk. m. WORK  AND. ASSISTANT MEDICAL EXAMINER  ACCUAL SIGNATURE SIGNATURE SIGNATURE EXAMINER'S ROTEL N. KOTTID LUM, M.D. ASSISTANT MEDICAL EXAMINER  ACCUAL SIGNATURE SIGNATUR	П	heart toilure	, osthenio, etc	. It meons the	e disease.		DUE 10, OK 2	AS A CONSEC	OENCE OF				
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Columber Significant Condition Last.   Columber Significant Condition Scontributing to the Death Bits for related to the terminal Disease or Condition Given in Part 1 (A).	ы	DISEASES	OR CONDITIO	ONS IF AND	Y. GIVING		(8) DUE TO, OR	AS A CONSE	QUENCE OF:				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART I (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS UNDERLYING STOR CONTRIB.  UNING CAUSE OF DEATH.  12B. PLACE OF INJURY (e.g., in or obout)   22C. WHERE DID (II in Boltimore City, give exoct location)   yes UNDERLYING STOR CONTRIB.  UNING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout)   22C. WHERE DID (II in Boltimore City, give exoct location)   yes UNDERLYING STOR CONTRIB.  UNING CAUSE OF DEATH.  22C. TIME (Month) (Doy) (Year) (Hour)   22E. INJURY OCCURED. OF INJURY OF INJURY OCCUR? (APPROX.) 12 - 20 - 70		KISE TO THE	E ABOVE CA	USE (A) STA	TING THE							100	
22A. EXTERNAL CAUSE WAS UNDERLYING CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout) SLITE OF INJURY OCCUR?  OF INJURY OCCUR?  OF INJURY OCCUR?  OF INJURY OCCUR?  OF INJURY OCCUR?  OF INJURY OCCUR?  OF INJURY OCCUR?  Pedestrian struck by hit and run driver AT WORK  I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion  resulted from: Natural causes Accident Suicide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  ACTUAL  SIGNATURE EXAMINER'S ROTAL N. KOTAD Lum, M.D.  ASSISTANT MEDICAL EXAMINER  CHIEF MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify) Burial  1-5-1971  Fairview Cemetery  25C. FUNERAL DIRECTOR  ADDRESS  PERCENTAL CAUSE  WHILE AI  INJURY OCCUR?  Pedestrian struck by hit and run driver  AT WORK  Pedestrian struck by hit and run driver  AT WORK  Pedestrian struck by hit and run driver  AT WORK  AT W	O						(c)						
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22A. EXTERNAL CAUSE WAS UNDERLYING CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout) SLITE OF INJURY OCCUR?  OF INJURY OCCUR?  OF INJURY OCCUR?  OF INJURY OCCUR?  OF INJURY OCCUR?  OF INJURY OCCUR?  OF INJURY OCCUR?  Pedestrian struck by hit and run driver AT WORK  I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion  resulted from: Natural causes Accident Suicide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  ACTUAL  SIGNATURE EXAMINER'S ROTAL N. KOTAD Lum, M.D.  ASSISTANT MEDICAL EXAMINER  CHIEF MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify) Burial  1-5-1971  Fairview Cemetery  25C. FUNERAL DIRECTOR  ADDRESS  PERCENTAL CAUSE  WHILE AI  INJURY OCCUR?  Pedestrian struck by hit and run driver  AT WORK  Pedestrian struck by hit and run driver  AT WORK  Pedestrian struck by hit and run driver  AT WORK  AT W	ERT						WHICH OPERATION W	S PERFORM	LED			21. AUTO	PSY? (Yes or No)
UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH.    VINDERLYING CAUSE OF DEATH.   Not with the control of in Jury   1220. Time (Month) (Doy) (Year) (Hour)   1220. Time (Month)   1220. Time	1	2											yes
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY OCCUR? Pedestrian struck by hit and run driver (APPROX.) 12-20-70 Unk. WHILE AT NOT WHILE AT WORK Pedestrian struck by hit and run driver at work of the form: Notural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 1/1/71 NAME (Type)  24A. BURIAL CREMATION, Pair 24B. DATE Pairview Cemetery Frederick Frederick Md  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	₹	10-11-11				22B. P	LACE OF INJURY (e.g.,	In or obout 2	2C. WHERE DI	D (II in Baltime	ore City, give e	xact location)	
OF INJURY (APPROX.) 12-20-70  Unk. WHILE AT WORK Pedestrian struck by hit and run driver AT WORK AT WORK AT WORK AT WORK Pedestrian struck by hit and run driver at work work at work at work work at work at work at work pedestrian struck by hit and run driver at work at work at work pedestrian struck by hit and run driver at work pedestrian struck by hit and run driver at work pedestrian struck by hit and run driver at work pedestrian struck by hit and run driver at work pedestrian struck by hit and run driver pedestrian struck by hit and run driver at work pedestrian struck by hit and run driver at work pedestrian struck by hit and run driver at work pedestrian struck by hit and run driver pedestrian struck by hit and run driver pedestrian struck by hit and run driver pedestrian struck by hit and run driver at work pedestrian struck by hit and run driver pedestrian struck p		UTING CA	USE OF DEA			nome,	Street	bidg., etc.) I	Frederi	ck,Mary	land	600	20
Capprox.) 12-20-70   Unk.   White AT   Not White   Pedestrian struck by hit and run driver   AT WORK   Pedestrian struck by hit and run driver   Pedestrian struck by hit and	Σ	OE INITION			r) (Hou				2F. HOW DID	INJURY OCC	:UR?		
Certify that I held on Inquiry   Inspection   Autopsy   and that on this basis, death in my opinion resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined manner   CHIEF MEDICAL EXAMINER   DATE SIGNED		(APPROX.) 12	2-20-70		Unk			WHILE X	Pedestri	an stru	ck by h	it and	run drive
ACTUAL SIGNATURE EXAMINER'S ROTELD N. KOTAD Lum, M.D. ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  1/1/71  ASSOCIATE MEDICAL EXAMINER  1/1/71  ASSOCIATE MEDICAL EXAMINER  1/1/71  ASSOCIATE MEDICAL EXAMINER  1/1/71  EXAMINER 1/1/71  ASSOCIATE MEDICAL EXAMINER  1/1/71  EXAMINER 1/1/71  ASSOCIATE MEDICAL EXAMINER 1/1/71  FROMOVAL (Specify)  Burial 1-5-1971  Fairview Cemetery  Frederick Frederick Md  258. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS			11. 1. 1. 1.			7							
CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 1/1/71  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Slote)  Burial 1-5-1971 Fairview Cemetery Frederick Frederick Md  25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS								_	- panel				
ACTUAL SIGNATURE SIGNED ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 1/1/71  EXAMINER'S ROTAL No. Korriblum, M.D. ASSOCIATE MEDICAL EXAMINER 1/1/71  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Slote)  Burial 1-5-1971 Fairview Cemetery Frederick Frederick Md  25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		result	ted from: N	atural cau	ses [_]	Ac	Suicident  X		-11537-0		Ined manner	Ц	
SIGNATURE ROTAL N. ROTALD M.D. ASSISTANT MEDICAL EXAMINER 1/1/71  ASSOCIATE MEDICAL EXAMINER 1/1/71  ASSOCIATE MEDICAL EXAMINER 1/1/71  ASSOCIATE MEDICAL EXAMINER 1/1/71  ASSOCIATE MEDICAL EXAMINER 1/1/71  ASSOCIATE MEDICAL EXAMINER 1/1/71  ASSOCIATE MEDICAL EXAMINER 1/1/71  ASSOCIATE MEDICAL EXAMINER 1/1/71  EXAMINER 1/1/71  ASSOCIATE MEDICAL EXAMINER 1/1/71  ASSOCIATE MEDICAL EXAMINER 1/1/71  FROM OUT OF THE PROPERTY OF CREMATORY 1/2 ADDRESS 1/1/71  Burial 1-5-1971 Fairview Cemetery Frederick Frederick Md  258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		ACTUAL	X	10.1	1)	11	.11	and the same of th					DATE SIGNED
NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)  Burial 1-5-1971 Fairview Cemetery Frederick Frederick Md  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   24D. LOCATION (City, town, or county) (Slote)  Frederick Frederick Md  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS			7 7	IN to free	Valar	10	M.D						
24A. BURIAL CREMATION, Part 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)  Burial 1-5-1971 Fairview Cemetery Frederick Frederick Md  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS				TELU IV.	KULI	IDIC	IIII, FI • D •	ASSC	CIATE MEDICA	L EXAMINER		1/1/	/1
Burial 1-5-1971 Fairview Cemetery Frederick Frederick Md  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS		BURIAL CREA	WATION, 2	4B. DATE		240	NAME of CEMETERY	or CREMATO	RY 24	D. LOCATION	(City, tow	vn, or county)	(Stote)
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS	KE			1-5-19	71	F	oimmior Como	+		m a			
	254										ck Fre	ADDRESS	, Md
	JI	IN ST		Gas B	To the	Pari A	0:0:0				3 W. Pa	trick S	St, Fred. Md

VS 151-REV. 1/1/68



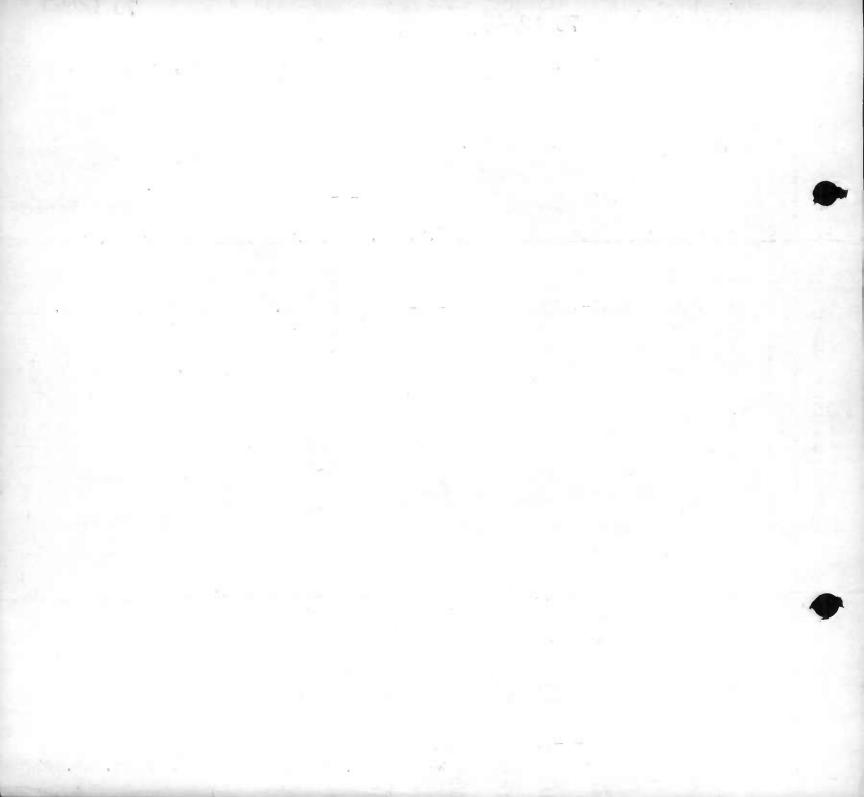
12/28/70 Peter Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** NAME (Type) 24A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Paxtang Cemetery By-pass Faxtang 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** VS 151-REV. 1/1/68

Malucas values altere annivers

W,	INX MO	12864	BALTIMORE CITY	HEALTH DEPARTMENT		70 12864
BIRTH NO.	10	1<009	CERTIFICA	TE OF DEATH	REG. NO	70 12004
	DECEASED Sophia	E. KAHL		· · · · · · · · · · · · · · · · ·	D HOUR OF DEATH	ı 8:55 P
3. PLACE II	N BALTIMORE, MARYLAND, V	VHERE PRONOU	NCED DEAD		e deceased lived. If in	stitution: residence before admission)
FULL NAM HOSPITAL INSTITUTIO	OR ADDRESS OR LOC	TAL OR INSTITU ATION)	TION, GIVE STREET	52/52	XXXXXXXX	DE CITY LIMITS? 2005
40	St. Agnes Emergency		1	E. STREET AND NUMBER		YES NO BE
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED		% AGE (In years	If Under 1 Ys., If Under 24 Hrs. Months! Doys Hours Min.
Fema		WIDOWED	DIVORCED	2 <b>-</b> 19 <b>-</b> 8 <b>5</b>	9. AGE (In years lost birthday)	Months Doys Hours Min.
done during n Bookb	nost of working life, even if retired)	Reti		11. BIRTHPLACE (Stote or foreign	gn country)	USA
13. FATHER				14. MOTHER'S MAIDEN NAM Mary Dietz	ΛE	
15. Wos Dec	eased Ever in U. S. Armed For known) (If yes, give wor or dote	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Mrs. Marie R. G	ross 4401 F	Roland Ave. 21210
IThis d	ISEASE OR CONDITION DI LEADING TO DEATH oes not meon the mode of illure, asthenia, etc. il meons or complication which caused	dying, e.g.,	(A) IMMEDIATE CAU	none & me	esertenção	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
injury o	ANTECEDENT CAUSES					
DISEAS	ES OR CONDITIONS, IF		(B)	A CONSEQUENCE OF:	***************************************	
rise le	the above cause (A) LYING CONDITION last,	sloling the	(c)	***************************************		
O OTHER S	IGNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO T OR CONDITION GIVEN IN PAR	HE TERMINAL	0000000			
OTHER S TO THE DISEASE 19A. DA	TE OF OPERATION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yos of No)	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF Inotify modical examined	218, F home etc.)	PLACE OF INJURY lo.g., in form, foctory, street, off	or about 21C. WHERE DID ce bldg., INJURY OCCUR?	(II in Boltimore	City, give exoct lecotion)
OF INJU	RY		At Work	21F. HOW DID INJU	IRY OCCUR?	
22. I ce	ertify that (I) (this hospital			1 -1 - 1	20 . 1>	-3/ 10 30
that (1)	(we) last saw the decease	d alive on	12-8	19 <u>70</u> and tha	t In (my) (our) opin	ian death accurred on the date
and hav	or and from the causes stat	ed above. (1)	(We) (did) (did not) vi	ew the body after death.		
23A. SIG	Veclute M	Ruce	M DEGREE Phys.	ding A Med.	Shaff Phys.	23R DATE SIGNED
23C.PHY	SICIANS METYPOLENTE 101	RUATE	so POP 2	Shug. a	wore St.	te Hood ful
24A. BURIAL REMOV	CREMATION, 24R DATE	24C. NA	ME of CEMETERY of CRE	MATORY 24D. LO	CATION (City	y, town, or county) (Stotel
Buria1	1/4/71	Loud	on Park Cemet	ery Bal	timore, Mary	V
25A. DATE	REC'D BY HEALTH DEPT.	258. NAME OF		Howard H. Hub		ADDRESS
VS 150-REV.	1/1/68	E. Valle	ALE			ore, Maryland 21229

The state of the s 

BIRTH NO.	7			HEALTH DEPARTMENT		70 12860
I.NAME OF DEC	1.49	0 12865	CERTIFICA	TE OF DEATH	REG. NO	
T 0.1 1				2. DATE	AND HOUR OF DEATH	H
(Type or Print)	Earl Bank	ra		De	cember 29.	1070   10.30 P
		AND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (\	Where deceased lived. If	institution: residence before admission
					YTAUC	
FULL NAME OF HOSPITAL OR	(IF NOT IN I	HOSPITAL OR INST	ITUTION, GIVE STREET	Maryland c. CITY OR TOWN	D 18	ISIDE CITY LIMITS?
NOITUTION					D. IN	
Λ	1220	Euclid A	77.0	Baltimore	D	YES NO
U	4220	EUGTIU A	.ve.			7-86-4
- SEX	6. RACE	I T	•	4220 Eucl	9. AGE (In years	If Under 1 Yr. , If Under 24 H
. 2EX	o. KACE	/· MARRIEI	NEVER MARRIED	B. DATE OF BIKIN	lost birthdoy)	Months Doys Hours Min.
Male	White	WIDOWE		5-7-1895	75	
	CUPATION (Give kind if working life, even if i		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNT
thild R	ehahilit	ation Co	atom II C Com	Monda O-	7 4	U.S.A.
3. FATHER'S NA	AME	TOTAL CEL	nter U.S.Gov	14. MOTHER'S MAIDEN	NAME	Uagasa
Thomas	s Banks	med Force ?	1 6. SOCIAL	Julie Hor	ton	ADDRESS
Yes, no or unknow	n) (If yes, give wor	or dotes of service	SECURITY NO.	INFORMANT		VDOKESS
Yes	1917-19	918	220-44-619	Grace A.	Banks 4220	Euclid Ave.
1B. 11 /	9 11		CAUSE OF DEAT	HCARDIAC	ARRES	
DISEA	ASE OR CONDITIO	ON DIRECTLY			-	- 1:
	LEADING TO D	EATH	/ANIMMEDIATE CAL	USE I SCHEMIC A CONSEQUENCE OF: ON AKY AT	HEART D	ISEASE YEAK.
		ode of dying, e.g means the diseos	DUE TO, OR AS	A CONSEQUENCE OF:		10010
	mplication which		con	ONTHRY MATI	HEROSCLEI	203/3
	ANTECEDENT C.	AUSES	H YP	ERTENSION	/	YEARS
DISEASES	OR CONDITION	S, if ony, givin	\V/	A CONSEQUENCE OF:		
rise to It	he abave cause	e (A) stating th				
UNDERLYIN	IG CONDITION I	ast.	(C)			
7	II					
		NS CONTRIBUTING		NONE		
A DISTANCE OF	CONDITION GIVEN	IN PART 1 (A).		120 A	National and the same and	S SINDING CONSIDERS
DISEASE OR		AS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes o	NOT ZUB. IF YES, WER	E FINDINGS CONSIDERED
DISEASE OR O	OF OPERATION 19	AS PERFORMED		N/A	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
19 A. DATE O	W			NO		
19 A. DATE O	ENT WAS UNDERL	YING 2	1 B. PLACE OF INJURY (e.g., i	in or obout 21 C. WHERE DI	D (If in Boltim	ore City, give exact lacotion)
19A. DATE O 21A. ACCIDE OR CONTRIB DEATH (notif	ENT WAS UNDERL	YING 2	1B. PLACE OF INJURY (e.g., i ome, form, foctory, street, o tc.)	in or obout 21 C. WHERE DI	D (If in Boltim	
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Death (notification)  21A. ACCIDION OR CONTRIB DEATH (notification)  22. I certify that (I) (notification)  23A. SIGNAT  23C. PHYSICE NAME ( 24A. BURIAL CRI REMOVAL  BURIAL CRI  BURIAL CRI  REMOVAL	EMATION, 248. D.	YING 22 2 h. (Yeor) (Hour) 22 V. V. V. V. V. V. V. V. V. V. V. V. V.	ome, form, foctory, street, of ic.)  IE. INJURY OCCURRED  While At Not While At Work  The deceased fram (1) (1) (We) (did not)  OEGREE  NAME of CEMETERY or CRI	in or obout 21C. WHERE DII ffice bldg., INJURY OCCUR  21F. HOW DID  22F. HOW DID  23F. HOW DID  23D. ADDRESS  390 C C C C C C C C C C C C C C C C C C C	INJURY OCCUR?  INJURY OCCUR?  Injury occur?  Injury occur?  Injury occur?  Injury occur?  Injury occur?  Injury occur?	pinlan death accurred an the company of the last of th

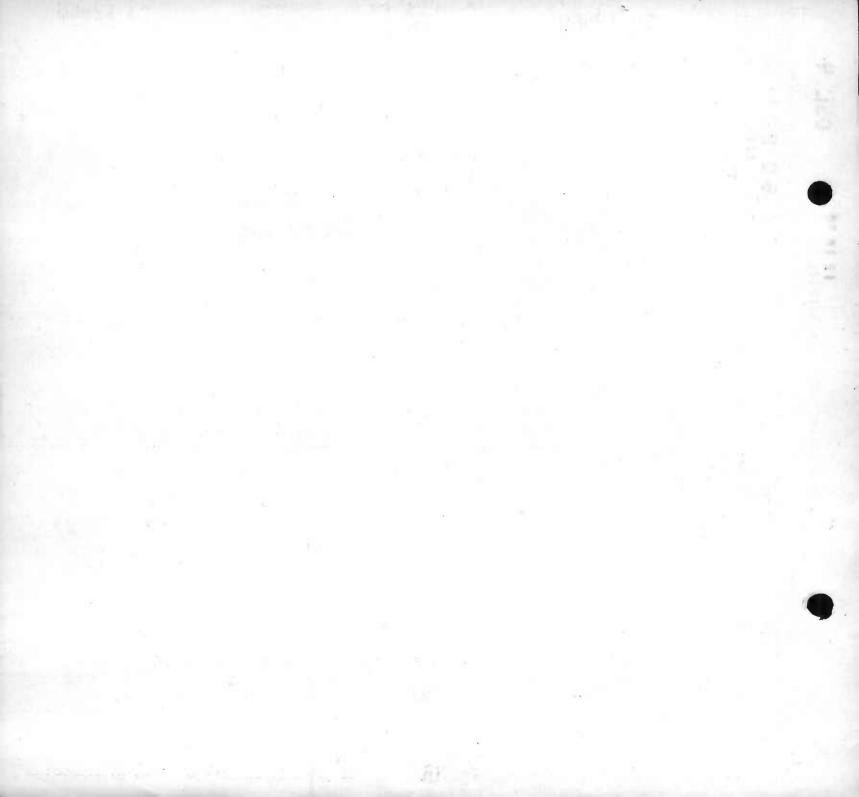


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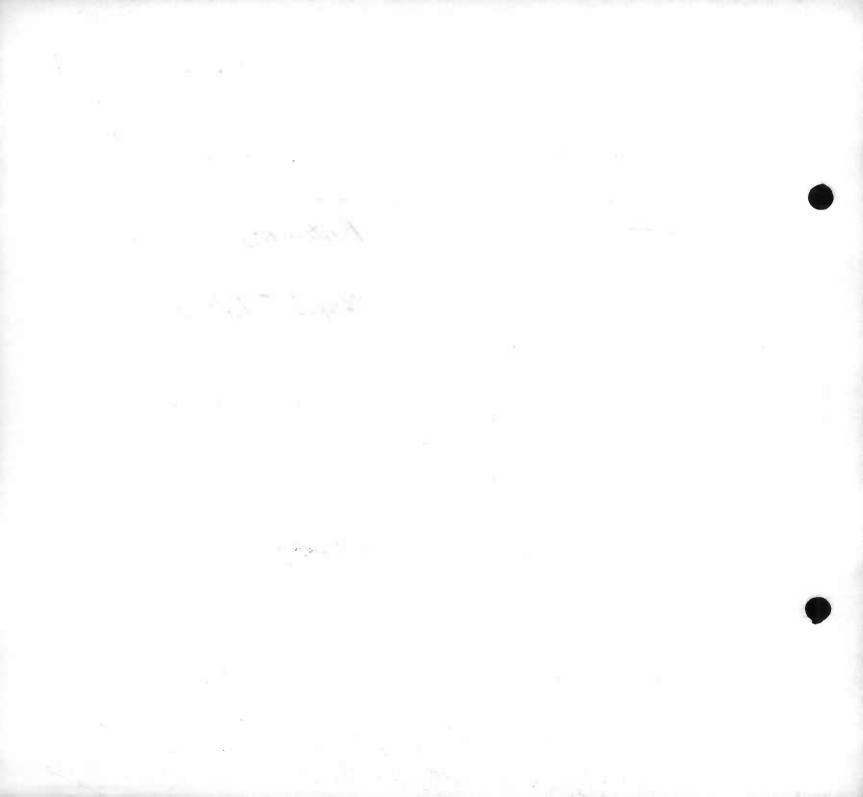
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assistant



VS 150-REV. 1/1/68



hospital

IMPORTANT

DIRECTOR:

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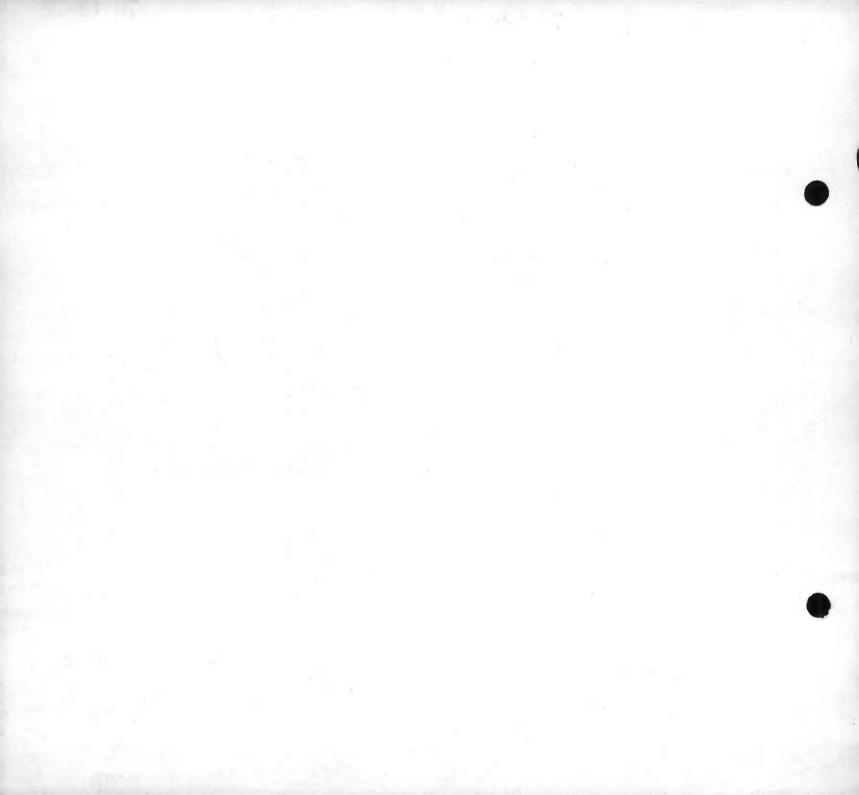


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	BALTIMORE CITY HEALTH DEPARTMENT	70
7007	BIRTH NO. TO TANGE TO 12874 CERTIFICATE OF DEATH REG. NO. 495-15	7
se th	I Million Or activities	2874
	(Type or Print) BABY GIRL CARR 11-19-70 4-9	OA.
hospital use of c (5) Dece dance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence beld a. STATE B. COUNTY	ore admission
5) de de		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION  C. CITY OR TOWN  D. INSIDE CITY LIMITS?	
ting d cat d cat	SINAL HOSP. BALTO E. STREET AND NUMBER	100
der de	17 N. PRYSON 572EC	
	5. SEX ) 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years   If Under 1 Ye. If	Under 24 Hrs.
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co co este n r	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or larging country) 12. CITIZEN OF WH	AT COUNTRY
der rion rion	kina Hosp. Ust	
D as occ	13. FATHER'S NAME	
nt if death direct or c i; (4) Undet th was in in the dec	(500,5	
d: 9 + 9 d: 9		
20202	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Il yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	
N 4 - EII		
his as fo, if fany nced enda	[[// A]/ A / A / A / A / A / A / A / A / A	TE INTERVAL
of of of	DISÉASE OR CONDITION DIRECTLY  LEADING TO DEATH	,
L - 0 + -	(This does not men the mode of dying, e.g., Due 10, OR AS A CONSEQUENCE OF:	W.
or or or ar	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
E E B _ E	ANTECEDENT CAUSES	
exa ea	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the	
lical cal cal ns; (3 ician as ir	UNDERLYING CONDITION lost. (C)	********
nedica edical burns; hysicia n was		
med burr burr hysi	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
FYGGO	Q DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************
by a mee by a mee 2) Body bure the phy physician fore the re	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A. AUTOPSYT (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?	D
tal by p; (2) B here t hefore	U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INITIES (e.g., in or about 21C WHERE DID.	1
# = 000	OR CONTRIBUTING CAUSE OF home, form, fociory, siteet, affice bidg., INJURY OCCUR?	261)
21-21-21		
hos hos maturatus (6)	S OF HEADER	
> = 0 m p		
O	22. I certify that (I) (this hospital) attended the deceased from 19 to 19	19 70
to to of a look	that (1) (we) lost saw the deceased alive an 19 19 19 and that in (my) (our) opinion death accurred	an the dote
st be a ased to fent of spital death) nust be	and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.	
leased to ident of hospital o death)	23A. SIGNATURE 23B. DATE SIGNED	
must eleas ccide a hos to de	Attending Med. Stoff M 1/19-7	7
0 - 0>	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  23D. ADDRESS	
Hificate y was r (1) An a 3.A. at d prior approv	GLINDA PINGADE Sing How	
# C 70 5	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of GEMETERY OF CHEMADITUMY BOACATOR MICHAEL OF CHEMADITUMY	(State)
This certificat the body was shows: (1) An was D.O.A. at deceased price written appro	1-4-7/	
This ce the boo shows: was D. deceas	25A, DATE REC'D BY . HEALTH DEPT. 25B, NAME OF REGISTRAR . LIZE CENTRAL DIRECTOR DICAL SCHOOL ADDRESS	
This the bashow was dece	JAN 6 1971 Robert 3 Ra MARTHARY SERVICE	
	VS 150-REV. 1/1/68	

BALTIMORE CITY HEALTH DEPARTMENT 70 12875 CERTIFICATE OF DEATH REG. NO. Such Deceased death 1. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) ПО FLORENCE hospital death. 4. USUAL RESIDENCE (Where deceased lived, II institution: residence belore admission A. STATE B. COUNTY ance (2) MARYLAND Cause FULL NAME OF IIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN cause; D. INSIDE CITY LIMITS? BALTIMONE prior E. STREET AND NUMBER contributing BALTIMORE 1605 (4) Undetermined regular mad 5. SEX 6. RACE If Under 1 Ya 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED eceased last birthday WHITE WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition Ξ done during most of working life, even if retired? UNKNOWA Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death uo 15. Was Doceased Ever in U. S. Armed Forces? (Yes, no or unknown) III yes, give wor or dotes of service) 6. SOCIAL 7. INFORMANT final SECURITY NO. attenda CAUSE OF DEATH 10 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the dispase, ular injury or complication which caused death.) ANTECEDENT CAUSES 0 DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the the remains UNDERLYING CONDITION Just. SD CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loclory, street, office bldg., INJURY OCCUR? (II In Boltimore City, give exect location) the hospital MEDICAL å DEATH (notily medical examined Horse obtained 21D. TIME OF INJURY (9) (Month) IDoy) (Year) (Houd) 21E INJURY OCCURRED Not While (APPROX.) 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on 12/ ond that In(my) (our) opinion death occurred on the date hospital death) and hour and fram the causes stated above. (1) (We) (did) (did not) New the bady ofter death. must 238, DATE SIGNED Attending Phys. 0 written approval Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior CO NE MP. 24C. NAME OF CEMETERY OF CREMATO 24A. BURIAL CREMATION, deceased D.0 REMOVAL (Specify) shows: VS 150-REV. 1/1/68

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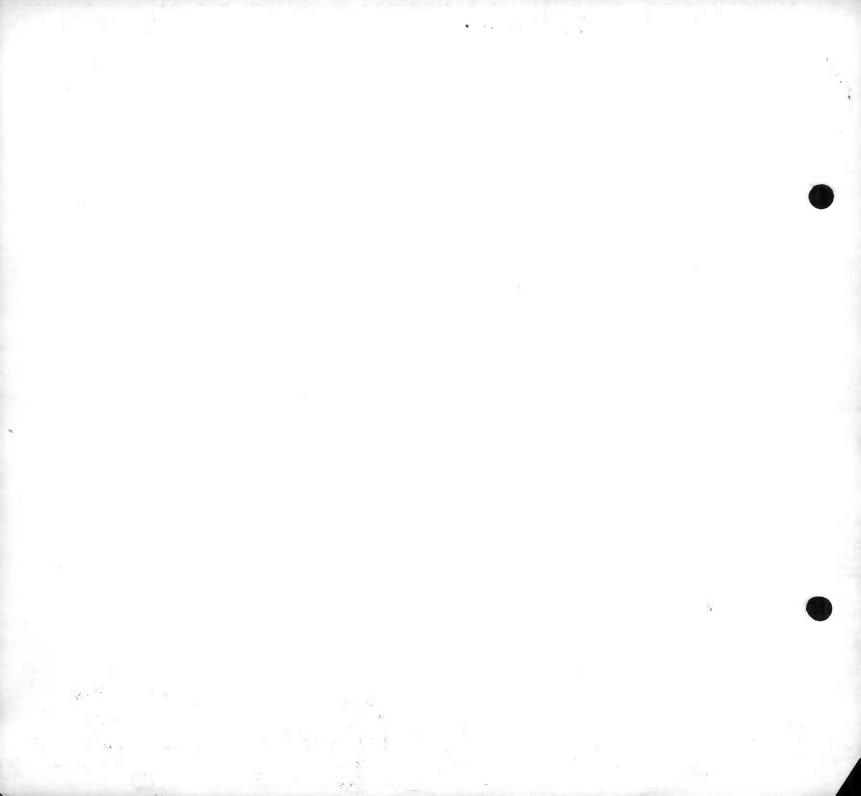
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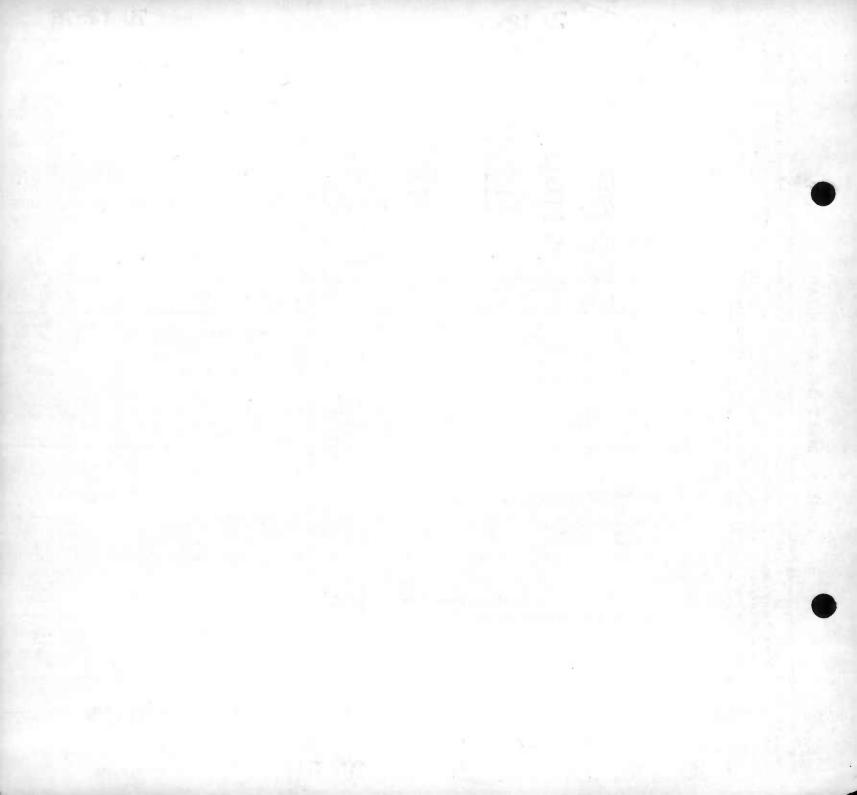
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ADDRESS

BETWEEN ONSET AND DEATH



VS 150-REV. 1/1/6B



B-66	20	70 1	CR//		TE OF DEA			12877	2 = 3
BIRTH NO.	own seem			EKTIFICA	TE OF DEA	TH			
1. NAME OF DE	BRO	OKS	MAR	IE		DATE AND HOUR OF	DEATH	1 3 20	
3. PLACE IN BA	ALTIMORE, MA	RYLAND, WHE	RE PRONOUNCED	DEAD	4. USUAL RESIDEN	CE (Where deceased liv.	ed. Winstitution:	residence before adi	mission)
FULL NAME OF HOSPITAL OR		IN HOSPITAL	OR INSTITUTION, C	NVE STREET	C. CITY OR TOWN	BALTIMO	D. INSIDE CITY I	CITY	
univ.	OF	MAI	LYLAND		BACTI		YES T		
22	S.	LREE	NE S	7	E. STREET AND NO	IMBER CRESS W		34 101-6	7
5. SEX	6. RACE		MARRIED NEVE	R MARRIED DIVORCED	8. DATE OF BIRTH 2/18/1	9. AGE (In yeo last birthdoy)	If Und	er T Yr. If Under Days Hours	24 Hrs. Min.
10A, USUAL OCC	CUPATION (GIV	e kind of work 101	KIND OF BUSINES		11. BIRTHPLACE (Sie	e or foreign country)	12. CIT	ZEN OF WHAT CO	UNTRY
HOUSE			7		MARY	IBND		454	
13. FATHER'S NA	AME				14. MOTHER'S MAI			104	
	Edwa	rd Simm	nons			-			
5. Was Decease Yes, no or unknow	d Ever in U. S	Armed Forces	service) 16. SOC	AL JRITY NO.	17. INFORMANT			ADDRESS	
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18. 16. 5	7.0	j.	CA CA	USE OF DEAT	1			APPROXIMATE INT	
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rise to the	ne above c	cause (A) sta	ling the	TEH A	DENTO	KATION		-1 WEE	K
UNDERLYIN	G CONDITIO	N last.	(c	:)				7	
OTHER SIGNI	IEICANT COND	ITIONS CONTR	IRIUTING E	-					
I IO THE DEA	TH BUT NOT R	ELATED TO THE T	ERMINAL *	N	ONE	***************************************		224200400000000000000000000000000000000	
19A. DATE O			ON FOR WHICH O	PERATION	LAND TE	es of No. 20B, IF YES, IN CERTIFYIN	WERE FINDINGS	CONSIDERED DEATH?	
. IOR CONTRIB	NT WAS UNI	ISE OF -	home, form,	FINJURY (e.g., in fociory, street, of	or about 21 C. WHERI	CU K?	ollimare City, giv	re exoct location)	
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			live on			and that in (my) (oo	Appinian dea	th accurred an th	e date
23A. SIGNATI	ure train the c	auses stated	abave. (I) (We) (d	id) (did not) v	ew the bady after	death.			
J	amer	- all	en t	DEGREE Phys	ding Med.	Staff Phys.	23B. DA1	130/10	
23C. PHYSICIA	AN'S Type				3D. ADDRESS		/		
	JAM		ALLAI	DEGREE	22 5	GREE	NE	57.	
REMOVAL	(Specify)	L DATE	24C. NAME of C			24D. LOCATION	(City, town, o	or county) IS	lole)
Buria	1 1	/4/70		Lawn Ce		Howard Co	o., Mar	yland	
SA. DATE REC'D	BY HEALTH	PAGE 1	NAME OF REGIST	RAR	Georg	Gonce	4001	Ritchie I	Horse
IAN C1	071 (1/4	Se, & E. Va	Bear M.D.		George	e J. Gonce Baltimo	re. Md.	21225	-63
5 150-REV. 1/17	68						The state of		

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11	p4pe4	BtR	70 128	1/8		CERTIFICA	TE OF DEA	HTA	REG. NO	70	2010
	of death Of death Deceased e on the	(Ту		PAIG		LLIARD	/	2/28170	S CO		A . M.
	hospital ise of (5) Dece ance or death.	3.	PLACE IN BALTIMORE	MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDEN	L COUNTY	used lived. If inst	itution: residence	before admission)
	a hosp cause se; (5) andance to dea	HC	LL NAME OF (IF	NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	C. CITY OR TOWN		BAL TO	E CITY LIMITS?	103
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0	th occurrence contribut estermined in regular pressed point is made		MIN	/	WIDOWED		2/2/6/	tast bid	9	1	If Under 24 Hrs. Hours Min.
	D - D - D -	don	during most of working life	(Give kind of wark e, even if relired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (SIO	TO M	ntryt P	12. CITIZEN OF	WHAT COUNTRY?
<b>-</b>	# 96 × + ogs	13.	FATHER'S NAME	ILLIA	M 7.	Hilliard	14. MOTHER'S MAI		Bailey	/	
MPORTAN	assistant if the dir ny kind; od death lance on	15. (Yes	Wos Decaased Ever in the control of yes,	J. S. Armad Fare give wer ar data:	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	٠,٠	1 00 . 0	ADDR	ESS +A
8	if the any kir ced de ndance or fina	-	18.	1		CAUSE OF DEATI	Mr. Wu	lean ?	Fellerik	172/14 APPRO	DEMLALON DIMATE INTERVAL
APO	ner or his aser. Also, if cture of any pronounced lar attendan ibalmed or		DISEASE OR C	ONDITION DIR	ECTLY			. 21	0 6 6	BETWEEN	ONSET AND DEATH
<b>S</b>	Als nou att		(This does not mean	G TO DEATH	dying, e.g.,	(A) IMMEDIATE CAU	SE HOSSIC		al Office 8	suz	
ä	er. ctur pron		heart failure, asthenia injury ar camplicalian	elc. Il means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF				
CTOR	fra fra er		ANTECE	DENT CAUSES		(B) 24/	MPHO SI	ARCOK	1A		
E	0 X 🗇 – 0		DISEASES OR CON				A CONSEQUENCE O		***************************************		
DIRE	ins ins		UNDERLYING COND	ITION last.		(c)			********		
-4	medical emedical emedical physician an was ir	NO	OTHER SIGNIFICANT CO	II NDITIONS COL	NTRIBUTING						
8	a me ody bu he phy sician	ICATI	TO THE DEATH BUT NO DISEASE OR CONDITION 19A-DATE OF OPERATI	I GIVEN IN PART	1 (A).	ALICH OSES TON	120.4				***************************************
FUNERA		ERTIF	)	WAS PERF	ORMED	VAICH OPERATION	20 A. AUTOPSY? (Y	IN C	ERTIFYING CAUS	ES OF DEATH?	DEKED
H		CAL C	21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (natify medical	UNDERLYING CAUSE OF examined	21 B. ham etc.)	PLACE OF INJURY (e.g., in e, form, factory, street, of	ar about 21C. WHER	E DID CCU K?	(It In Boltimare	City, give exact	ocation)
~ ~	W 2 0 0	MEDI	21 D. TIME (Manth! OF INJURY (APPROX.)	(Day) (Yearl		INJURY OCCURRED		DID INJURY O	C CU R?		
1	he hos ny natu xcept and (6)				Wor						
	appro		22。I certify that <del>(1)</del> that (1) ( <del>we)</del> last sav			e deceased from	19 70	19	ta		19
	0 2 5 7					(We) (dld) (dld nat) v			ny) ( <del>sur</del> ) apinio	an death accu	erred an the date
	assed to dent of ospital death) must b		23A. SIGNATURE	(	1	1		deaths	2	38, DATE SIGN	A
	2 0 .= E 0		Carm	en 6	Ces	DEGREE Phys	nding Med. Directo	or Staff Phys.	]	12/2	8/70
	was rel was rel A. at a l prior to		23C. PHYSICIAN'S NAME (Typo) CARHEN	Ê	CEM	PRON MA	5/NA	41 1	45P		
	dy (C) Oss of a sed	24A	REMOVAL (Specify)	24B, DATE	24C.NA		MATORY	24D. LOCATIO	N (City,	town, ar county	1 State)
	the body shows: (1) was D.O./ deceased written a	25A	DATE REC'D BY HEAL	12/3/// TH BEPT.	25B, NAME O	fulles / Pl	25CLEUNEAAL D	Wish	Mus	ADI	DRESS
	This the bank show was dece		JAN 7 19	71 Vale	& E. Ja.		groups	& K. Nu	20 200	2 W/	larit ase
		VS	150-REV. 1/1/68				#=				



2162	BALTIMORE CITY HEALTH DEPARTMENT  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO	70 12879
	1. NAME OF DECEASED (Type or Print)  SAMUEL JEFFERSON  2. DATE Known  Month Doy OF DEATH Estimated	Yeor Hour
	HOSPITAL ADDRESS OR ECCATION)	970 12:45 a <sub>M</sub>
	South Baltimore General Hospital  S. USUAL RESIDENCE (Where deceased lived. Il Institution: real A. STATE Md.  B. COUNTY	esidence before admission)
	male negro widowed Divorced Balto.	
	9. DATE OF BIRTH  10. AGE (in years   # Under 1 Yr. if Under 24 Hrs.   E. STREET AND NUMBER   Months   Doys   Hours   Min.   1423 Druid Hill Ave.	LT NO L
	11. BIRTHPLACE (Stote or loreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME WHAT COUNTRY?	MATERIAL STATE
	14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even Il retired)	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)  17. SOCIAL SECURITY NO. 31.3 - 34-6313 MM. KRUSC Della AM	RESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE Epilepsy	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not meon the mode of dying, e.g., heart loilure, osthenio, elc. It meons the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL USE ASE OR CONDITION GIVEN IN PART 1 (A).	
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	yes yes
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (II in 80ltimore City, give exact I home, form, foctory, street, office bldg., etc.) INJURY OCCUR?	ocation)
	22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED OF INJURY (APPROX.)  WHILE AT WORK 22F. HOW DID INJURY OCCUR?	
	23.  I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my op	inion
	ACTUAL  ACTUAL  ACTUAL  ACTUAL  ACTUAL  ACTUAL  ACTUAL  ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S NAME (Type)  Isidore Mihalakis, M.D.  ASSOCIATE MEDICAL EXAMINER	12-25-70
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Iown, of REMOVAL (Specify) 1949/10 11 duleum Cent Dullimine 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADD	md
	25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  25C. FUNERAL DIRECTOR  25C. FUNERAL DIRECTOR  VS 151-REV. 1/1/68	N. Carrollton
	¥3 131*REY, 111/100	

COSTA CONTRACTOR

BALTIMORE CITY HEAL	TH DEPARTMENT
70 12880 MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH REG. NO. 70 12880
BIRTH NO.	
I. NAME OF DECEASED (Type or Print)  JAMES HARRIS  2.	OF December 20 1070 10.20 B
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3.	DEATH Estimated December 30, 1970 10:30 F M.  DATE Month Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD  December 30, 1970 10:30 P.M.
OR INSTITUTION 5.	. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
Baltimore City Hospital	Maryland B. COUNTY 1603
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C	. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES X NO 🗆
	. STREET AND NUMBER 506 N. Gilmore Street
Sep 11, 11, 12	3. FATHER'S NAME
WHAT COUNTRY?	James a. Harris Av.
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY)	5. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	MMai Bracker
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	B. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Vinering Alexand Och Railering and
1/2 CAUSE OF DEATH	APPROXIMATE INTERVAL
1 - 7 5 0 A	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Epidural	hematoma in upper thoracic
LEADING TO DEATH (A)IMMEDIATE CAL	spinal canal
(This does not mean the mode of dying, e.g., heart loilure, asthenia, etc. it means the disease, injury or complication which coused deoth.)	A CONSEQUENCE OF:
mory or complection which coused security	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	A CONSEQUENCE OF:
I INDERIVING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS	
O TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	PERFORMED [21. AUTOPSY? (Yes or No)
	Yes
Z2A. EXTERNAL CAUSE WAS   228.PLACE OF INJURY (e.g., in	or obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  UNDERLYING CAUSE OF DEATH.  home, form, loctory, street, affice b	1dg., etc.) INJURY OCCUR?  506 N. Gilmore Street   6 0 3
220. TIME (Month) (Doy) (Year) (Hour) (22E INTLIPY OCCUPRED	22E. HOWDID INTERV OCCUP?
OF INJURY	MECO Poll down string
	Fell down stairs
23.	
	and that on this basis, death in my opinion
resulted from: Natural causes Accident Sulcide	Homicide Undetermined manner
(1) 1	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Charles , Fallm.D.	ASSISTANT MEDICAL EXAMINER
	ASSOCIATE MEDICAL EXAMINER December 31 1970
NAME (Type) Charles 5. Springace, Fi.D.	December 51, 1770
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or	CREMATORY 240. LOCATION (City, towns or county) (Stote)
REMOVAL (Specify) Jan 41971 Mit all	on Comition Westbart (Batteria) Mil
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C_FUNERAL DIRECTOR ADDRESS
1000 10	Daniel Col Musual hand has hart
JAN 7 1971 Vale & Naiber 12) 2	Last IN. mee Last IV. muller



IMPORTANT

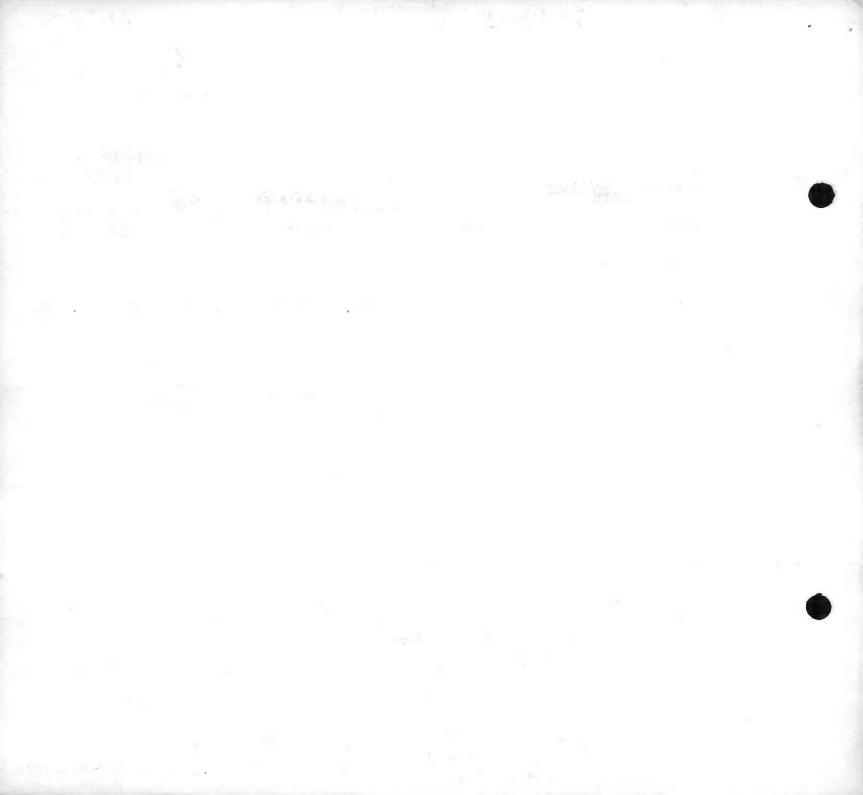
DIRECTOR:

FUNERAL



FUNERAL DIRECTOR: IMPORTANT

	1-632 70 12882	BALTIMORE CITY	HEALTH DEPARTMENT		70 12582
BI	70 12002 ath No.	CERTIFICA	TE OF DEATH	REG. NO.	10 1 4005
	pe or Print) CHARLOTTE KE	ERTZE	R 2. DATE AN	2/31/ 20	1 2.15 6.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE (Whe	ie deceosed lived, If ins	titution; residence before admission)
H	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION STITUTION ADDRESS OR LOCATION)	I, GIVE STREET	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
13	GINHI HOSPITAL OF BAC	Dright-	Bulfund	re	YES NO
4			536 NUMBER	slelia A	VQ # 15
	WHITE WIDOWED	DIVORCED _	**XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9. AGE (In yours lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
dor	NONE NONE		11. BIRTHPLACE (Stote of fore		12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	LOUIS KERTZER		BERTHA LUT	Z	
15. (Ye		OCIAL ECURITY NO.	17. INFORMANT		ADDRESS
	NO		MRS. BERTHA KER	TZER,5361 CO	RDELIA AVE. #15
	18.	CAUSE OF DEAT			APPROXIMATE INTERVAL
	DISEASÉ OR CONDITION DIRECTLY LEADING TO DEATH		0	11.0	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE PULLUMA A CONSEQUENCE OF:	wa.	***************************************
	heart faiture, asthenio, etc. 11 means the disease, injury or complication which coused death.)	DUE 10, OR AS	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	Courk	omio chi	uiz lymple	wan -
	DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		7
	rise to the obove cause (Ai stating the UNDERLYING CONDITION lost.	(c)			
	1	(c)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Ex	ship ile	u	***************************************
ERTIFIC	19A-DATE OF OPERATION 19R CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A. AUTOPSYS (Yos or No	10 DE IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CAL C	21A. ACCIDENT WAS UNDERLYING 21B. PLAC OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21B. PLAC	E OF INJURY (e.g., ir m, foctory, street, of	or objut 21C, WHERE DID	(if In Boltimore	City, give exoct locotion)
03	21D. TIME (Month) (Day) (Year) (Hour) 21E INJU OF INJURY	RY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
Σ	(APPROX.) While At Work	Not While			
	22. I certify that ( (this hospital) attended the de		12/20/201	9 to ()	12, 12010
	that (b) (we) just yow the deceased office an	2/31/20		at in (69) (our) apini	on death occurred an the date
	and haur and fram the causes stated above. (11) (We	) (did) (((12) vi	lew the bady after death.		
	23A. SIGNATURE JUDITI	DEGREE Phys	nding Med.	Shaff Phys.	23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) PURC - ANT,	126+ 1	3D. ADDRESS	i How	me
24A	KEMUVAL (Specify)	GEMETERY OF CRE		CATION (City,	, town, or county) (Stote)
	BURIAL 1-3-71 SWINIC	HER WOLINER	BENEVOLENT	LTIMORE, MARY	YLAND
25A	DATE REC'D BY HEALTH DEPT. 258 NAME OF REC	F. 36	25 C. FUNERAL DIRECTOR		ADDRESS
J	AN 7 1271 Waber E. Jacker, M.D.	· .	SOL LEVINSON	BROS.,6010	REISTERSTOWN ROA
VS	150-REV. 1/1/68				



BIR	)-400 TH NO.	MED		EXAMINER'S			DEATH REG.	70 NO	12883
1. 1	NAME OF DEC	EASED ROBERT	Li. J	EWELL	2. DATE OF DEATH	Known Estimoted	Month Doy December 3	Yeor 1. 1970	
4. F	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRO	ONOUNCED DEAD	3. DATE	44	Month Doy	Yeor	
HOS	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					UNCED DEAD	December 3		
	3/	BALTIMORE CI	TY HOS	SPITAL	A. STATE	Maryland	deceased lived. Il Insti		ce before odmission)
6. 5	EX	7. RACE	B. MARRI	ED NEVER MARRIED	C. CITY OR	TOWN	D. INSIC	E CITY LIMITS	?
1	Male	White	WIDOW	ED DIVORCED		Baltimore		YES X	NO 🗆
9. D	ATE OF BIRT	Land Literal de	yeors	If Under 1 Yr. II Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET	AND NUMBER			
	October	3, 1953	7	Monins Doys Hours Min.		921 Elton	Avenue		
11. 8	BIRTHPLACE (S	tote or loreign country)	1	2. CITIZEN OF	13. FATHER		11 V CITAC		
15	Mary	land		WHAT-COUNTRY?		Rob	ert L. Jew	11	
14A.			48. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE				
done	Stud	ent					Doris G.	Blokley	У
16. (Yes	MAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	MANIFather:	921 1	CIADDRESA	venue
	No			215-64-8723	Mr. Ro	bert L. Je	well Balto	o. Md. 2	21224
	9.	14		CAUSE OF DEA	TH				APPROXIMATE INTERVAL
	DISEAS	OR CONDITION DIREC	TIV					la.	THEER ONSET AND DEATH
		LEADING TO DEATH	.161	4 ALMHEDIATE C	Augs N	Multiple in	niuries		
	(This does n	ot mean the made of dyl	ng, e.g.,	(A) IMMEDIATE O	S A CONSEQ				
	injury or con	osthenio, etc. It meons the oplication which coused de a	th.)						
		NTECEDENT CAUSES		(8)	AS A CONSE				
	RISE TO THE	R CONDITIONS, IF ANY	ING THE	DUE 10, OK	AS A CONSE	QUENCE OF:			
z	UNDERLYIN	IG CONDITION LAST.		(c)					
은		11	100						
CERTIFICATION	TO THE DEA	IFICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMIN	NG IAL					
RT				OR WHICH OPERATION WA	AS PERFORM	ED		21. AUT	OPSY? (Yes or No)
Ü	0								
Y.	2A. EXTER!	NAL CAUSE WAS	12	28 DI ACE OF INITIDY/		ac willear bib "	(		No
S	UNDERLYING	OR CONTRIB-	ĥ	28. PLACE OF INJURY (e.g., ome, lorm, foctory, street, ollice	bidg., etc.) If	NJURY OCCUR?			25000
		USE OF DEATH.		Street	l l	Northpoint	Blvd. N. o	f Merri	tt Blvd.
	OF INJURY	Month) (Doy) (Year		22E.INJURY OCCURRED	2	2F. HOW DID INJ	URY OCCUR?		
	(APPROX.)	12-30-70 8:3	30 P.,	WHILE AT NOT AT W	WHILE ORK	Pedestria	n struck by	auto	
		fy that I held an Ir	quiry [	Inspection X Au	top sy	ond that on th	Is basis, death in	my opinion	
	result	ed from: Notural cous	es 🗌	Accident X Suicid	· Ho	micide U	Indetermined mann	er 🗍	
		01 1	1-	D		HIEF MEDICAL EX			
	ACTUAL	- ( links	1 -	J'ata	ASSI	STANT MEDICAL EX			DATE SIGNED
	SIGNATU	DIC	016	M.D	•				
	NAME (T	(naries	s S. S	pringate, M.D.		CIATE MEDICAL EX			31, 1970
REN	BURIAL CREA OVAL (Specif	Y)		24C. NAME of CEMETERY			OCATION (City,		
	Burial	1-4-71		Oak Lawn Co	emetery		Baltimore,	Marylan	nd
25 A	DATE REC'D	BY HEALTH, DEPT.	258. NA	ME OF REGISTRAR	25C. F	UNERAL DIRECTO	R	ADDRESS	
	JAN	7 1971 R.G.	2.78	Ben DEBU	2 John	n J. Dudg	7922 Wise	Ave. D	undalk, Md.
VS 1	51-REV. 1/1/68	10/ 00000							

. Editor of Santa Santa . with an expectation of the gradual countries of the countries of A seemen. Coningnia, o. . . Mill the state of And the state of t

D 24/1	70 12			ALTIMORE CITY HE			×		70	12884
BIRTH NC.	WEL	CAL	EX	AMINER'S	CERTIFIC	CATE	OF DEA	TH REG. NO.	, ,	2 -0 0 0 1
I. NAME OF DECEASED (Type or Print)	DOMINIC	J. P.	ITT	ELLI	2. DATE OF DEATH	Known Z		ember 30,	Yeor 1970	Hnur
4. PLACE IN BALTIMORE,					3. DATE		Month	Doy	Yeor	Hour
HOSPITAL AD	NOT IN HOSPIT.	AL OR INST	MOITUTI	I, GIVE STREET	PRONOI	UNCED DEAD		ember 30,	1970	4:06 P.
Baltimo	re City	Hospi	tal	(D <b>)</b> A)	5. USUAL R	ESIDENCE (v Marylai	-	B. COUNTY Balti		before admission)
6. SEX 7. RAC		B. MARRI	ED 🗵	NEVER MARRIED	C. CITY OR	-		D. INSIDE CI		
	ite	WIDOW		DIVORCED	-	ows Poir		Y	s 🗌	NO 🗂
April 3, 1922	10. AGE (i lost birthdo 48	(Y)	If Unde Months	r I Yr. if Under 24 Hrs. Doys Hours Min.	12th		& Hint	on Ave.		
Maryland	reign country)		ЖН	AT COUNTRY?	13. FATHER		ittelli			
done during most of working like Steel Worker	e, even il retired)	ehem S					NAME Averza			
16. WAS DECEASED EVER (Yes, no or unknown) (If yes, gi	IN U.S. ARMEI	of service)	? 12	7. SOCIAL SECURITY NO. 215-12-4937	Mrs. O			ox 808 A		t. #10 21219
19.	0			CAUSE OF DEA					A	APPROXIMATE INTERVA
DISEASE OR CO	NDITION DIRE	CTLY							DETV	WEEK CHOSET AND DE
	TO DEATH			(A)IMMEDIATE	AUSE		injuri	es		
(This does not mean heart foliure, asthenia	etc. It meons the	diseose,		DUE TO, OR	AS A CONSEQ	UENCE OF:				
injury or complication	which conseq de-	om.)								
ANTECEDE DISEASES OR CONI	NT CAUSES	V GIVING		(B)	AS A CONSE	DUENCE OF				
RISE TO THE ABOVE UNDERLYING CON	CAUSE (A) STA	TING THE		(c)	AS A CONSE	TOENCE OF:				
OTHER SIGNIFICANT TO THE DEATH BUT I	ONDITIONS CO	ONTRIBUTI	ING							
DISEASE OR CONDITI	ON GIVEN IN P	ART I (A).								
20A. DATE OF OPERAT	ION 20B. COI	NDITION	ORW	HICH OPERATION W	AS PERFORM	ED			21. AUTC	OPSY? (Yes or No
	CT 1446	· · · · · · · · · · · · · · · · · · ·								Yes
UNDERLYING OR C	ONTRIB-	F	home, fo	CE OF INJURY (e.g., erm, foctory, street, offic	in or obout 2 e bldg., etc.) If	AT OCCU	R?			7
UTING CAUSE OF I	(Doy) (Year	r) (Hour)	1 1225	Street	2		S ISLand	d Ne of 1	2th St	
OF INJURY '	0-70 4:0	16 D	WHI	LEAT NOT				d object	00114	County
23.	0-70 4.0	70 1.	m. WOI	RK L AT W	ORK A	ulivel .	III TIXE	object	COLLIS	30011
I certify that	I held an I	nquiry [	] 1:	nspection Au	tapsy 🗱	and that a	in this basis	, death in my	apinion	
resulted fram	Natural cau	ses 🗌	Acc	dent X Suicid	le 🗌 Ha	micide 🗌		nined manner	-	
4571141	00 1.	1		7. 0	(	HIEF MEDIC	AL EXAMINER			DATE CICNED
ACTUAL SIGNATURE	Mark	77,	-	Jac MO	ASSIS	STANT MEDIC	AL EXAMINER			DATE SIGNED
4-71-7	arles S.	Spri					AL EXAMINER	Dec	ember	31, 1970
24A. BURIAL CREMATION, REMOVAL (Specify) Burial	1/4/7	L		NAME of CEMETERY		RY 2	AD. LOCATIO	N (City, town)		
25A. DATE REC'D BY HEAL	H DEPT.	25B. NA	AME OI	REGISTRAR	25C. F	UNERAL DIR			DRESS	
JAN 7 19	171 B	S.E.V	Ta a	D. ASD. O						undalk, M

MARIL OV CARLES ENDINE e, i , date al la refu (2 a , 2 a de la confe

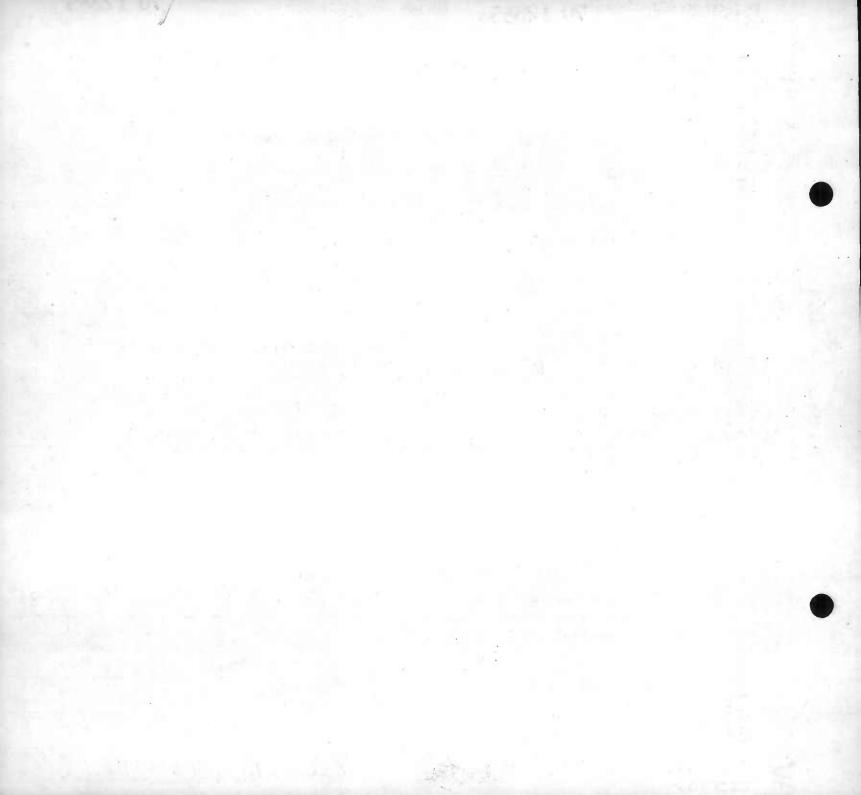
IMPORTANT

DIRECTOR:

FUNERAL

V\$ 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

DIRECTOR:

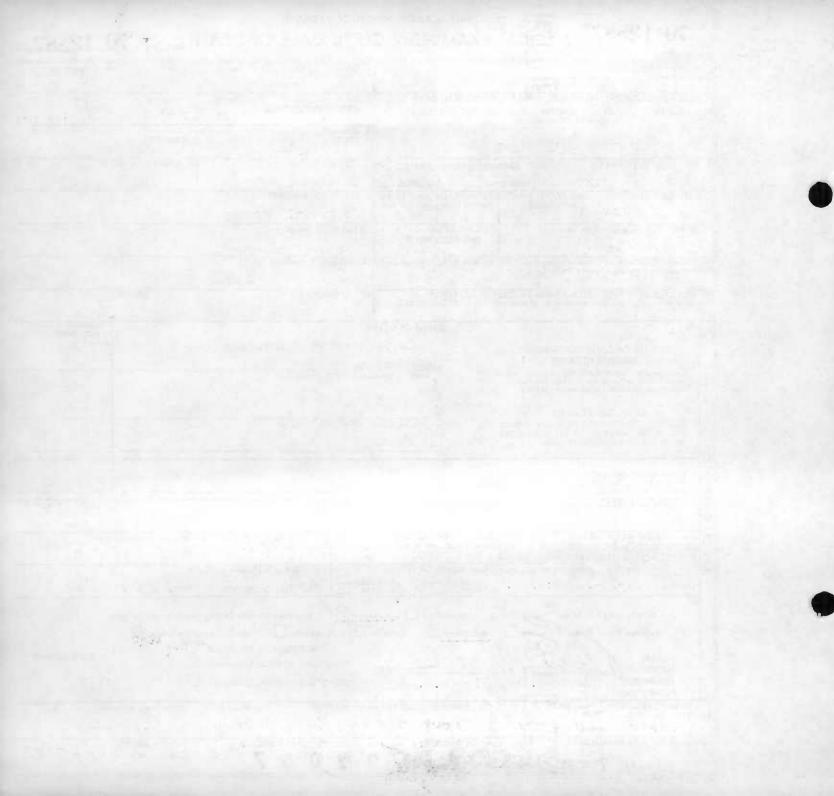
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 12886 4. USUAL RESIDENCE (Where deceased lived if institution; residence D. INSIDE CITY LIMITS YES X NOF Il Under 1 Yt. Months! Days Il Under 24 Hisa 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIJENIE. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exect location) 70 ond that In(my) (pur) opinion death occurred an the date 23B. DATE SIGNED HOPKINS (City, town, or county) (Stote) 250 FUNERAL DIRECTOR ADDRE VS 150-REV. 1/1/68

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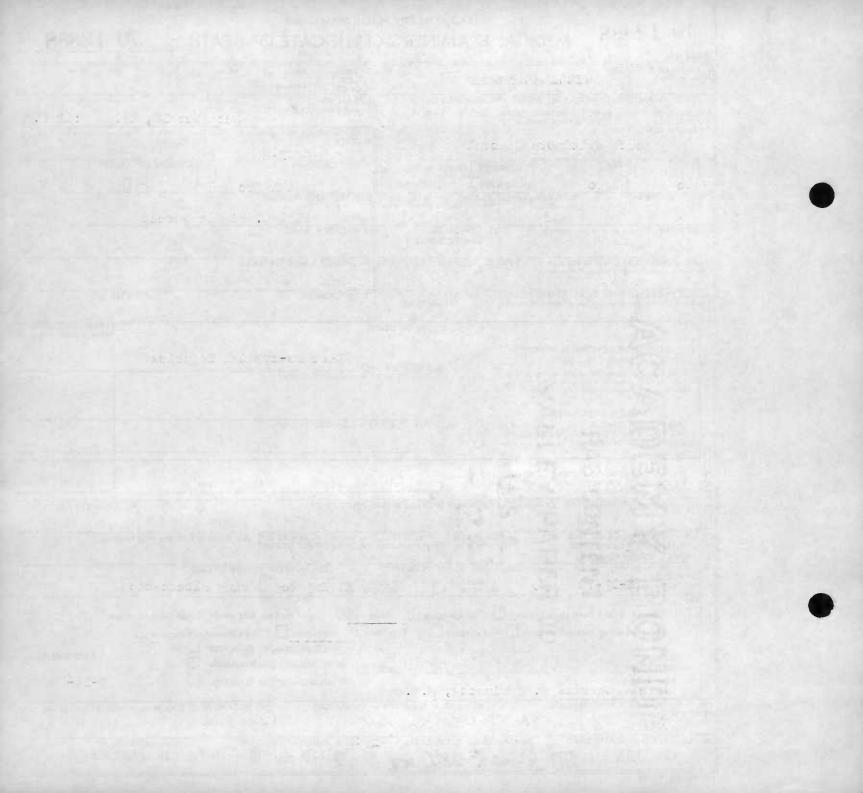
K350

	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	70	1288	7
BIRTH NO.		112 2 4 22						
1. NAME OF DECEASED (Type or Print) HELEN KEATON		2. DATE OF DEATH	Known	Month	Doy	Year	Hour	М.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  OR INSTITUTION	UTION, GIVE STREET		INCED DEAD		er 31,1			A .M.
BON SECOURS HOSPITAL		A. STATE	Maryland		B. COUNTY	2	2/0	1
6. SEX 7. RACE 8. MARRIE	D NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		
Female Negro WIDOWE	DIVORCED	Balti	more		Y	ES 🔲	NO 🗌	
1 11 4 1 1	Under 1 Yr. il Under 24 Hrs. onths Days Hours Min.	E. STREET	ND NUMBER					
1-21-1934   10st birthdoy) 36 M		772 Ca	rroll St	reet				
11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF	13. FATHER	SNAME					
MARYLAND	WHAT COUNTRY?	Loc	is Kar	NOTE				
14A.USUAL OCCUPATION (Give kind of work 14B. KIND C	F BUSINESS OR INDUSTR							
done during most of working life, even if retired)		MAT	TIE M	ADISOI	1			
16. WAS DECEASED EVER IN U.S. ARMED FORCES?	17. SOCIAL	18. INFORM				DDRESS		
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	CIANIC	S KEATUN	, Ha 10	Mhan.	OUEN	0.10	
119.	CAUSE OF DEA		MEHION	17077	NOODA	A	PPROXIMATE IN	TERVAL
COON			tic Inju	rios		BETV	WEEN ONSET A	ND DEATH
DISEASE OR CONDITION DIRECTLY	Marcipe	LIaullia	itte inju	rres				
(This does not mean the mode of dylog, e.g.,	(A) IMMEDIATE	AS A CONSEQ	HENCE OF					
(This does not mean the mode of dying, e.g., heart follure, asthenia, etc. it meons the disease, injury or complication which coused death.)	DUE IO, OK	AS A CONSEQ	UENCE OF					
injury of complication which coused degliny								
ANTECEDENT CAUSES	(B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
UNDERLYING CONDITION LAST.	(c)							
Ď II	(0,							•
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	1G							
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR	OR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	OPSY? (Yes	r No)
0							yes	
22A. EXTERNAL CAUSE WAS   22	B. PLACE OF INJURY (e.g.,	In or obout 2	2C. WHERE DID	(If In Baltima	re City, give ex	act location)		
UNDERLYING SOR CONTRIB-	me, form, foctory, street, office Home	e bldg., etc.)	VIURY OCCUR?	11 Stre	et	2/19	2/	
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour)	22E.INJURY OCCURRED		2F. HOW DID I			0610	7 1	
OF INJURY (APPROX.) 12-31-70 7:05 A	WHILE AT NOT	WHILE				1 61		
23.	WORK LATV	VORK	Subject	Jumpea	ILOW 21	d IIOC	or wind	.ow
I certify that I held an Inquiry	Inspection Au	topsy X	and that on	this basis.	death In my	golnlon		
	Accident Suicie		micide					
resulted from: Itanuful causes	Accident Li				ned manner			
ACTUAL X / 0 1/1/1	1.11		CHIEF MEDICAL				DATE SIGN	NED
SIGNATURE! Well 110	M.D	ASSI	STANT MEDICAL	. EXAMINER	X			
EXAMINER'S Ronald N. Korr	blum,M.D.	ASSO	CIATE MEDICAL	EXAMINER		1/1/	71	
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY			LOCATION	(City, tow	n, or county	) (Sto	te)
BURIAL 1-5-71	ARBUTUS 1	MEH. O	PARK	ARBUT	US, MA	ARYLA.	N.D	
	ME OF REGISTRAR	25C. I	UNERAL DIREC	TOR			RRE	e T
JAN 7 1971 3 300 8	La Boy M. D.	2 9H	BRLES A	. KICE	661	W. BA	RE	2/.
VS 151-REV. 1/1/68								1



BALTIMORE	CHY	HEALTH	DEPARTMENT

5363	BALTIMORE CITY HEALTH DEPARTMENT  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 12888 0 12888
	1. NAME OF DECEASED (Type or Print)  WILLIAM STEWART    2. DATE   Known   Month   Doy   OF   DEATH   Estimated	Yeor Hnur
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy	Yeor Hour
4:	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET (DOA) PRONOUNCED DEAD December 30, 1	1970 8:12 P. M
99	South Baltimore General Hospital  South Baltimore General Hospital  South Baltimore General Hospital  South Baltimore General Hospital  Maryland	esidence before odmission)
1/	6. SEX 7. RACE B. MARRIED NEVER MARRIED X C. CITY OR TOWN D. INSIDE CITY	LIMITS?
	Male Negro WIDOWED ☐ DIVORCED ☐ Baltimore YES	NO D
	9. DATE OF BIRTH 9-7-1957 10. AGE (In years   10. Months, Doys, Hours, Min.   1102 E. Biddle Street	
	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF  13. FATHER'S NAME	
	MARYLAND WHAT COUNTRY? WILLIAM BERGER	
	148. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
	STUDENT ALICE DAVENPORT	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	DRESS
	NONE Edmond DAVEN PORT 1102 E	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenio, elc., it meons the disease, injury or complication which coused death.)  CAUSE OF DEATH  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
		21. AUTOPSY? (Yes or No) Yes
	22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING □ CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact home, form, foctory, street, office bldg., etc.) INJURY OCCUR?	location)
	22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED 22F. HOWDID INJURY OCCUR? (APPROX.) 12-30-70 (?) while AT WORK Injured during altercation	on
	23.  I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my operated from Notural courses Accident Suicide Homicide X Undetermined monner	olnion
	ACTUAL SIGNATURE Charles Tale M.D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S NAME (Type) Charles S. Springate, M.D.  ASSOCIATE MEDICAL EXAMINER	12-31-70
		ARYLAND
	JAN 7 1971 JOSEP E. JOSEP A. PICE 661 W. 13	PRESS BARRE ST.
	VS 151-REV. 1/1/68	12



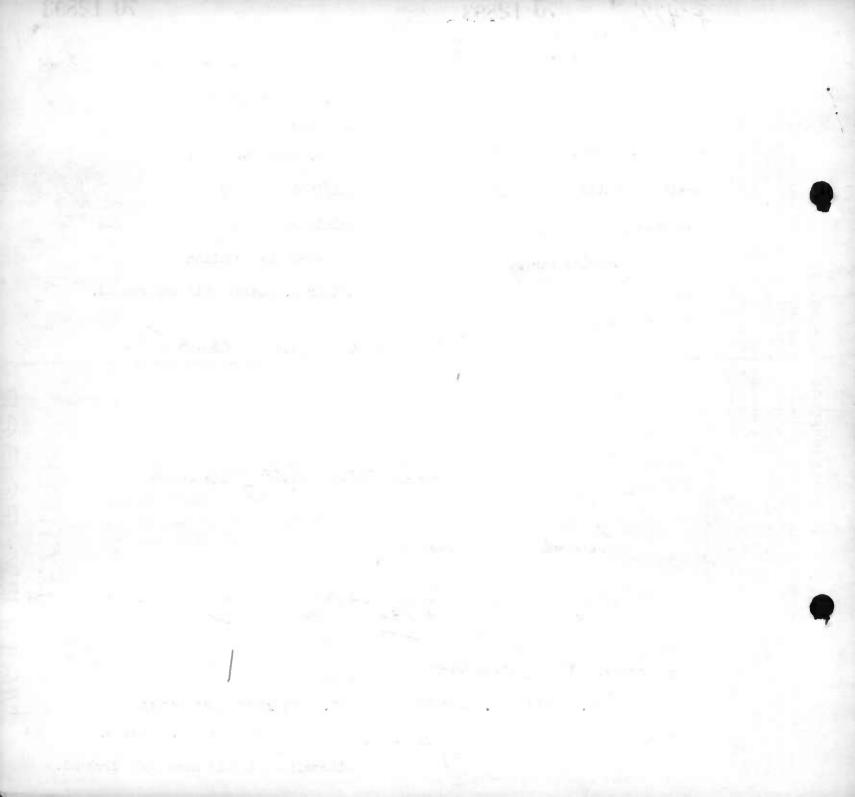
the the the or the pay Resident Propert 100

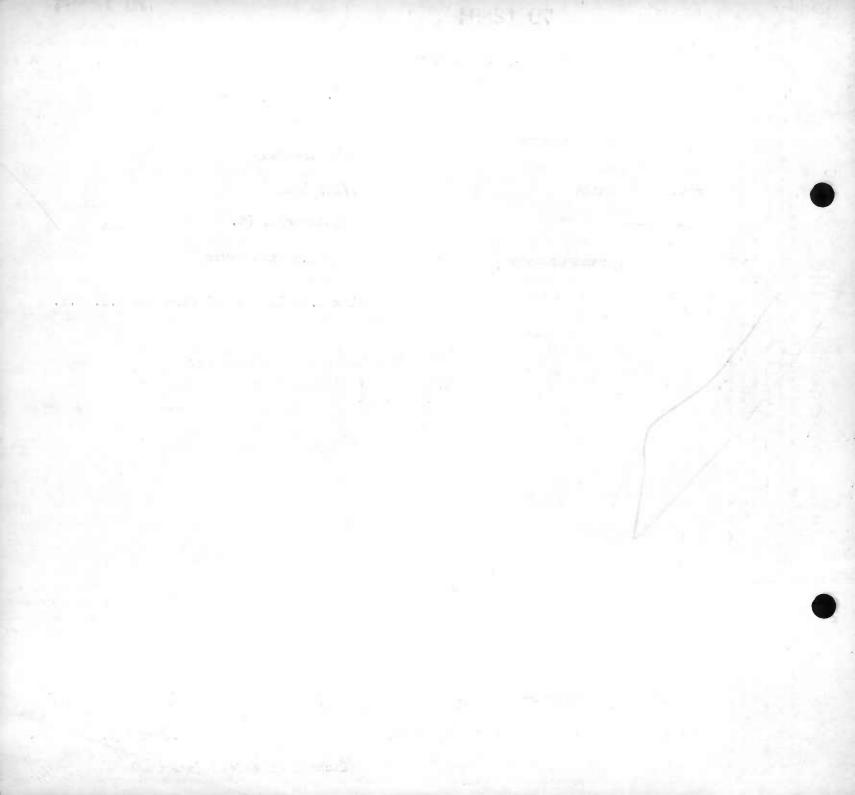
Alexander Sample 

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RAI	TIAAC	DE	CITY	HEALTH	DEPA	PTMENT

70 12892 MEDICAL EXAMINER'S O	CERTIFICATE OF DEATH REG NO	70 12892
BIRTH NO.	CERTIFICATE OF DEATH REG. NO	
1. NAME OF DECEASED (Type or Print)  ANNIE P. SMITH	2. DATE Known Month Day OF DEATH Estimated	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Day PRONOUNCED DEAD 12 23	Year Hour 1970 10:35 PM
806 W. Lexington St.	5. USUAL RESIDENCE (Where deceased lived. If Institution: re.  A. STATE  Md.	esidence befare admission)
6. SEX   7. RACE   8. MARRIED   NEVER MARRIED   MIDOWED   DIVORCED	C. CITY OR TOWN Balto. D. INSIDE CITY YES	
9. DATE OF BIRTH   10. AGE (in years   if Under 1 Yr. II Under 24 Hrs.   Adenths   Days   Hours   Min.	806 W. Lexington St.	
11. BIRTHPLACE(State or fareign country)  VT RGT NTA  U S A	13. FATHER'S NAME	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if reilred)	15. MOTHER'S MAIDEN NAME	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dates of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADD	rre spt.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEA  Arterioscle	antic cardiovascular disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI
(This does not mean the made of dylog, e.g., heart failure, ostherio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:	
LINDERLYING CONDITION LAST	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	es mellitus	
	AS PERFORMED 2	no
Z22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, form, foctory, street, office uting Cause of Death.	, in or obout 22C. WHERE DID (If in Boltimore City, give exact to bidg., etc.) INJURY OCCUR?	ocation)
m. WORK AT V	T WHILE 22F. HOW DID INJURY OCCUR?	
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Refural causes X Accident Suici	ASSOCIATE MEDICAL EXAMINER	date signed 12-23-70
24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE  12/31/70  24C. NAME of CEMETERY  12/31/70  t. Aubur	n Baltimore, "a	ryland
JAN 7 1971 258, NAME OF REGISTRAR	0 0 7 0	Barre St.
VS 151-REV. 1/1/68		L





Such

death.

Baltimore  E. STREET AND NUMBER  4502 N. Charles St.  5. SEX  Female White WIDOWED DIVORCED 7/26/1929  10A. USUAL OCCUPATION (Give kind of work 108. KIND OF 8USINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Sect.  13. FATHER'S NAME  Oscar H. Wey  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	10 15020
T. NAME OF DECEASED (Type or Print)  Anita Louise Wey  2. Date and hour of Death 12/25/1970  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION  4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COUNTY Md. Baltimore  C. CITY OR TOWN Baltimore  E. STREET AND NUMBER 4502 N. Charles St.  5. SEX 6. RACE White WIDOWED NEVER MARRIED ST.  7. MARRIED NEVER MARRIED 7. MARRIED ST.  10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 10. Baltimore, Md.  13. FATHER'S NAME  OSCAT H. Wey  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or doles of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE  CAUSE OF DEATH  12/25/1970  4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COUNTY Md. Baltimore  C. CITY OR TOWN Baltimore  C. CITY OR TOWN Baltimore  14. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COUNTY Md. Baltimore  C. CITY OR TOWN Baltimore  C. CITY OR TOWN Baltimore  C. CITY OR TOWN Baltimore  10. INSIDIAL  A. STATE B. COUNTY Md. Baltimore  C. CITY OR TOWN Baltimore  C. CITY OR TOWN Baltimore  C. CITY OR TOWN Baltimore  C. CITY OR TOWN Baltimore  C. CITY OR TOWN Baltimore  1. INSIDIAL  A. STATE B. COUNTY Md. Baltimore  C. CITY OR TOWN Baltimore  C. CITY OR TOWN Baltimore  C. CITY OR TOWN Baltimore  C. CITY OR TOWN Md. Baltimore  C. CITY OR TOWN	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)  White Hospital Or Address or Location  S. SEX  6. RACE TO MARRIED NEVER MARRIED TO LOCATION  WIDOWED DIVORCED TO LOCATION  100. USUAL OCCUPATION (Give kind of work 108, KIND OF 8USINESS OR INDUSTRY)  OSCAT H. Wey  15. Was Deceased Ever in U. S. Armed Forces?  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  OCAUSE OF DEATH  CAUSE OF DEATH  18. CAUSE OF DEATH  OLIMATE TO MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If inst 8. COUNTY Md. Baltimore  8. COUNTY Md. Baltimore  C. CITY OR TOWN Baltimore  E. STREET AND NUMBER  4. USUAL RESIDENCE (Where deceosed lived. If inst 8. COUNTY Md. Baltimore  C. CITY OR TOWN Baltimore  1. INSIDIAL STATE  8. COUNTY Md. Baltimore  C. CITY OR TOWN Baltimore  1. INSIDIAL  1	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  ### Md. Baltimore  C. CITY OR TOWN Baltimore  E. STREET AND NUMBER ### 4502 N. Charles Street  5. SEX  6. RACE White Widowed  DIVORCED  10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Sect.  13. FATHER'S NAME  OSCAT H. Wey  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Uf yes, give wor or dotes of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  A. STATE Md. Baltimore  C. CITY OR TOWN Baltimore  E. STREET AND NUMBER  ### 4502 N. Charles St.  9. AGE (In years lost birthday)  10. INSID  10. DATE OF BIRTH 17. AGE (State or forcign country) Baltimore, Md.  11. MOTHER'S MAIDEN NAME  Clare Rosenberger  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Uf yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  Mrs. Charles E. Carr 108 St  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	N
Baltimore	itution; residence before admission)
4502 N. Charles Street  5. SEX 6. RACE White Widowed Divorced Total Divorced Sect.  6. RACE Widowed Divorced Total Divorced Total Divorced Baltimore, Md.  10. Mother's Maiden Name Oscar H. Wey  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uff yes, give wor or doles of service)  Disease or Condition Directly Leading to Death  Cause Of Death	E CITY LIMITS?
Female White WIDOWED DIVORCED 77/26/1929 41  10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)  Sect.  13. FATHER'S NAME  Oscar H. Wey  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  ON ON ON ON ON ON ON ON ON ON ON ON ON O	
Female White WIDOWED DIVORCED 77/26/1929 41  10A. USUAL OCCUPATION (Give kind of work lob. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)  Sect.  13. FATHER'S NAME  Oscar H. Wey  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ulf yes, give wor or doles of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  ON DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE  ON INDUSTRY  11. BIRTHPLACE (State or forcign country)  Baltimore, Md.  14. MOTHER'S MAIDEN NAME  Clare Rosenberger  17. INFORMANT  Mrs. Charles E. Carr 108 St	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
done during most of working life, even if retired) Sect.  13. FATHER'S NAME  Oscar H. Wey  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.  NO  18.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  ON ON ON ON ON ON ON ON ON ON ON ON ON O	
Oscar H. Wey  Clare Rosenberger  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)   Uff yes, give wor or dotes of service)   16. SOCIAL SECURITY NO.   Mrs. Charles E. Carr 108 St  18.   CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	USA
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uff yes, give wor or doles of service)  NO  18.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  (A) IMMEDIATE CAUSE  TO INFORMANT Mrs. Charles E. Carr 108 St	
(Yes, no or unknown) (If yes, give wor or doles of service)  NO    18.   CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE  OFFICE OF CONDITION DIRECTLY  (A) IMMEDIATE CAUSE	. Dunstan Rd.
(This daes nat mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.  (C)	6 903
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FILE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., lNJURY OCCUR?	City, give exact location)
21D.TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED  OF INJURY (APPROX.)  While At Not While At Work  At Work	
22. I certify that (I) (rhis hospital) attended the deceased from 19 19 to that (I) (we) last saw the deceased alive an 19 70 and that in(my) (cor) apini	ian death accurred an the dat
and hour and from the causes stated abave. (I) (Me) (did nat) view the bady after death.  23A. SGNATURE  Attending Med. Director Phys.	23B, DATE SIGNED

6500 York Rd.

ADDRESS

Balto.

24A. SURIAL CREMATION, 248. DATE BURIAL

15A. DATE

12/28/70

GEGREE 24C. NAME of CEMETERY OF CREMATORY

N. CHAE. 3900 24D. LOCATION (City, town, or county)

Frederick Rd.

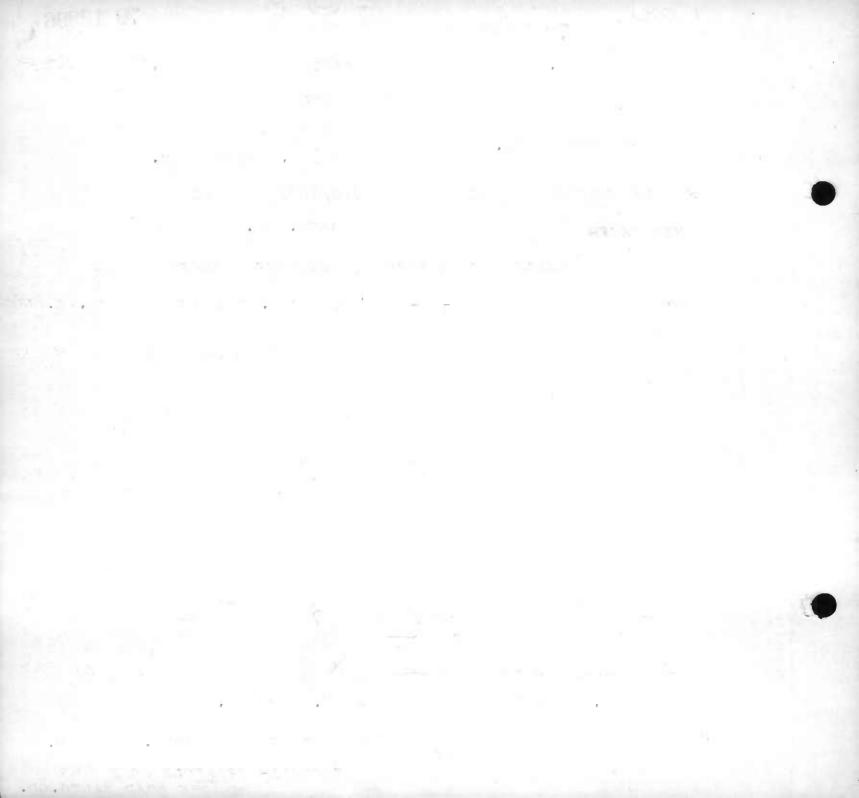
(State) Md.

Cathed 25c FUNERAL DIRECTOR
MYtchell Wiedefeld Home 25A. DATE REC'D BY HEALTH DEPT 258. NAME -9



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68

111 211	70 49	207	BALTIMORE C	TY HEALT	H DEPARTMENT					4
BIRTH NO.	70 12	09/	CERTIFIC	ATE C	F DEATH	R	G. NO	70	12897	/ -
I. NAME OF DECI	EASED					AND HOUR	Or Brazil			
(Type or Print)	1+1 7	AL - C	H .	١.	2. DATE				. /	35
3. PLACE IN BALT	TIMORE MARYLAND, WH	TERE PRONOU	NCED DEAD	4. USU	AL RESIDENCE IV	-30- Vhere decease	d lived. If in:	stitution;	residence befor	e odmission
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA ADDRESS OR LOCAT	L OR INSTITU	TION, GIVE STREET	A. SIA	laruland	אוטיי			13	07
NOTITITION	ı o H	ome		C. CITY	OR TOWN		D. INSI	DE CITY L	_	7
9/ Ke	LSWILK "	.01120		E. STRE	ET AND NUMBER O W. 40th	R		YES 🔀	NOL	
5. SEX	6. RACE 17	7	7					1		
F	W	WIDOWED	NEVER MARRIED [ DIVORCED [	5-	5-1911	9. AGE (In		Months:	Days Hours	nder 24 Hrs Min.
10A, USUAL OCCU	IPATION (Give kind of work 1 varking life, even if retired)	OB, KIND OF	BUSINESS OR INDUS	RY 11. BIRT	HPLACE (State or I	foreign country	)	12. CIT	ZEN OF WHA	COUNTR
1	Supervisor			14. MO	olumbus	Nebro	ska		U.S.A	
A H	0	4.1		14. 100	- MAIDEN	AME	1			
Arthu	r ITHY Whi	Tehorn			Thodoro	2 W0	od			
Yes, no or unknown)	Ever in U. S. Armed Force	of service)	SECURITY NO.	17. INFO	RMANT				ADDRESS	
No	The state of the s		324-22-118	8 Ke	SWICK	Reco	rds - 7	loov	V HOTHS	ST
18. 4	L-T		CAUSE OF DE	ATH					APPROXIMAT	
	E OR CONDITION DIRE LEADING TO DEATH	CTLY			Pharma	10,			0	1
	of mean the mode of a	dvina ea	(A) IMMEDIATE (		newm	onia		*********	7 0	ays
hoall failure, d	asthenia, etc.    means	he disease,	DUE TO, OR	AS A CONSE	QUENCE OF:					
	plication which coused d	ieam./								
	NTECEDENT CAUSES		(B)							
	R CONDITIONS, if an obove cause (A) a		DUE TO, OR	AS A CONS	EQUENCE OF:					
UNDERLYING	CONDITION last.	and the	(C)			****************				
_	11		·	,	, .	Ω	А		2	
TO THE DEATH	CANT CONDITIONS CON'  BUT NOT RELATED TO THE  DIDITION GIVEN IN PART	TERMINAL	Cerebral a	erterio	sclerosis	i hija	ertens	iên	15 8	vers
19A. DATE OF	WAS PERFO	THON FOR W	HICH OPERATION	20 A.	AUTOPSY? (Yes or	No) 208, 1F	YES, WERE FI	NDINGS SES OF	CONSIDERED	
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	21 B, P home etc.)	LACE OF INJURY (e., form, foctory, street,	olfice bldg.,	21C. WHERE DID	, (i	f In Boltimore	City, giv	e exact location	1)
D 21D. TIME	(Month) (Doyl (Year)	(Hour 21E 1	NJURY OCCURRED		21F. HOW DID I	MILLEY OCC	197			
OF INJURY (APPROX)			At Not W			MJOR! OCC	J K.			
22. I certify t	that (IF(this hospital)	ottended the	deceased from 1	JAV Z	1	19 70	· Dec	30		191970
that (1) (we)	lost sow the deceased	olive on	12/30/70	19	ond					
1 .	from the couses state		. /	view the	body after deat	h.	, , , , , ,			
23A SIGNATUR		7		, , , , , , , , , , , , , , , , , , , ,		-		23 B. DAT	E SIGNED	
11/15/	Leniels,	1,	OEGREE	thending	Med. Director	Shaff Phys		12/	131/00	
23C. PHYSICIAN NAME (Ty	W.B. Danie	els			W. 40th	St.		·		
24A. BURIAL CREM	AATION, 248, DATE	24C. NA/	ME of CEMETERY of	CREMATORY	24 D.	LOCATION	(City	lown.	or county!	(Stotel
Burial	1/2/71	4 499	d Rdige Cen		Re	isterto	wn Rd.	Pike	sville	Md.
25A. DATE REC'T	197 Cobert	18. HAMPOF	REGISTRAR	25G	tchell Wi	edefeld	Home 6	5500	vork Hd	

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Thedon Well

5-5-1911 59

Columbia, Nobering

And a second sec 

VS 151-REV. 1/1/68

216 FUNERAL DIRECTOR

25A. DATE REC'D BY, HEALTH DEPT.

VS 151-REV. 1/1/68

25B. NAME OF REGISTRAR

TU TOTAL 1000

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	TO-	3/2	14 (3°16	E OVERN	104	BALTIMORE CITY	HEALTH	DEPARTMENT					
8	IRTH NO.	70	: :/\	A STATE OF	ĮU L	CERTIFICA	TE OF	DEATH	REC	3. NO	7(	1 72901	
1.	ype or Print)	EASED .	00. 1	-00	6.				AND HOUR O			930 AV	7
3	PLACE IN BALT	TIMORE, MA	RYLAND, W	HERE PROP	OUNCE	D DEAD	4. USUAL	RESIDENCE (W	Z - Z 9		stitutian; re	esidence befare adm	ission)
F H It	ULL NAME OF	ADDRE	22 OK FOCA	(IION)	, ,	, GIVE STREET	A. STATE	1. B	alt	co	DE CITY LI	27/	0
4	5 recel	120c	et (	ren.	(Xo	- spetter					YES 4	NO	
							E. STREET	and number 5 Be	Rogian	die	ie. Y	md.	
5.	SEX	6. RACE	lite	7- MARRIE		EVER MARRIED DIVORCED	8. DATE O	F BIRTH	98 AGE (In lost birthdoy	yeors	If Under Months	Doys Hours	4 Hrs. Ain.
10	A. USUAL OCCU	PATION (GIV	e kind of work	10B. KIND	OF/BUSI	NESS OR INDUSTRY	11. BIRTHP	LACE (State or fo	teign country)	3	12. CITI2	EN OF WHAT COL	UNTRY?
	ret.	nel-	NURSE	FC	17				GNN.			U.SA.	
	Chro	la	L. 1	Val	e R		14. MOTH	ER'S MAIDEN N Marie		Bu	me		
15. (Y	Was Deceased es, no or unknown)	Ever in U.S (II yes, give	Armed Fore	es? ol service	16.5	OCIAL ECURITY NO.	17. INFORA	THAN		1		ADDRESS	
	YES	1	WWI			4-46-574	100	mine	- 560	a of			
			DITION DIR	ECTLY	1	CAUSE OF DEATH	chil	ration.	+ Steer	uste	- 8	APPROXIMATE INTER	
		LEADING T		dutas a		(A) IMMEDIATE CAU						2 me	> -
	(This does no heart loilure, c	aslhenio, ele	. il means	the diseas	3-, e,	DUE TO, OR AS	A CONSEQU	ENCE OF:		***********			
	injury or camp	NTECEDEN		death.)		(							
	DISEASES OF					(B) DUE TO, OR AS	A CONSEC	ioma	of fre	<u></u>		2.3/2	-
	rise to the UNDERLYING	obave c	ause (A)	slating th	9	(c)	A CONSEQ	DENCE OF:	. ,			V	
1		- 11				(0/							
ATION	OTHER SIGNIFIC TO THE DEATH	CANT COND	TIONS CON	TRIBUTING	3								
		NDITION GI	VEN IN PART	1 (A).		***************************************						***************************************	
CERTIFIC	19A-DATE OF		WAS PERF	ORMED				TOPSY? (Yes or )	IN CERTIF	S WERE F		CONSIDERED EATH?	
CAL	OR CONTRIBUT	INGLICAL	ISE OF	h	B. PLAC ome, fam c.)	E OF INJURY (e.g., in n, factory, street, oli	or obout 21 lice bldg., IN	C. WHERE DID	(11.4	n Boltimore	City, give	exoct locotion)	
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (D	ay) (Year)	V	E INJU /hile At	RY OCCURRED  Not While At Work		F. HOW DID IN	JURY OCCUI	17			
	22. I certify t	hat (i) (thi	hospital)					7.60	19 10 to	- 1	2 - 7	79 10 6	8
	that (i) (we) I					12-29-	19	70 and t		our) onla	ion deat	h occurred on the	
	and hour and	from the co	ouses state	ed obove.	(1) (We)	(did) (did nat) vi	ew the bo	dy ofter death.		,			. 4010
	23A. SIGNATUR	E /9	1211	//	()	m n					23 B. DATE	SIGNED	
	23C. PHYSICIAN	West	1/4	IVA		DEGREE Phys.		Med. Director	Staff Phys.	_	12	-28-7	0
	23C.PHYSICIAN NAME (Typ	1012	121			DEGREE	3D. ADDRE	33	s tt				
24/	A. BURIAL CREM REMOVAL (Sp	ecify)	2 -31-7		NAME O	CEMETERY of CRES	MATORY		Ball	(City	y, town, or	county) (Sta	ite)
25,	JAN	8 1971	CKOBELL OF	25E NAME	OF REG	10 0 B 664		NERAL DIRECTO	1	e Ja	Ct	ADDRESS )	ul.
VS	150-REV. 1/1/68	3			-		1	1	37			1200	7

e and as a White -NURSE CITY HE PENN. U. S.D. YES WWII 34-405740 13-70 convieded com. Folig Conney Both Catonwell mit

161-1 A Mary Aller 6 2 /23 Ta 24 1/4 47/6/

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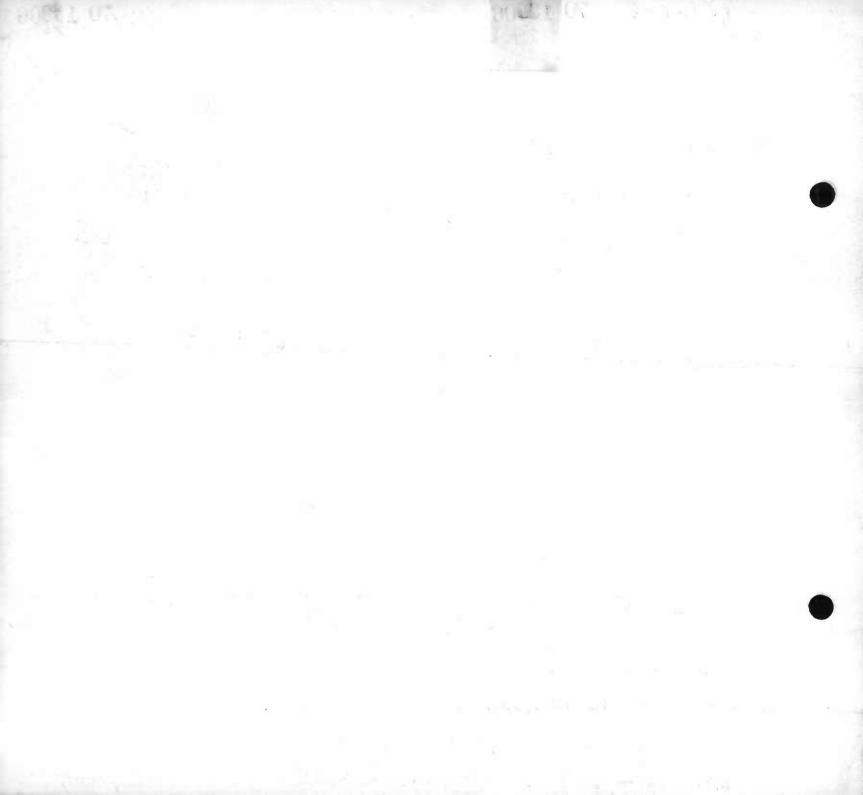
58-18-00 csk		ATE OF DEATH REG. NO. 720112964
death death ceased on the	I. NAME OF DECEASED	ATE OF DEATH
deat deat cease on th	(Type or Print) to bext, Boby aix	2. DATE AND HOUR OF PEATH
T O O O T	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRODUNGED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 70 4
	Baltimore City Hospitals	C.CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?  YES NO
d in cau	3/ 4940 Eastern Ave,	E. STREET AND NUMBER
de de	Baltimorek Md. 21224  5. SEX   6. RACE   V. MARRIED   ALEXED WARRIED   T. MARRIED   917 Rutland Ave. 21205 007	
occurre ontribut ermined regular regular is made	Female Negro WIDOWED DIVORCED	12-25-70 Idst Distribution Months Doys Habits Min.
or c ndet s in dec	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?  U.S.A
Seg C+ C	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Delphine Ann Tolbert
ORTANY assistant if the diff the did death in death in final different in final di	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give war or dotes of sorvice) 16. SOCIAL SECURITY NO.	17. INFORMANT 4940 Eastern Ave, ADDRESS
SSissis the the the the the the the the the the	18. CAUSE OF DEA	BCH Records: Baltimore, Md. 21224
MPORTAN r his assistant liso, if the di of any kind; bunced death trendance on	DISEASE OR CONDITION DIRECTLY	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
lM or h Also nounce atte	LEADING TO DEATH	
	heart foilure, astheria, etc. It means the disease, injury or complication which caused death.)	S A CONSEQUENCE OF:
G fraging O	ANTECEDENT CAUSES CALL	houl.
cal examine all examine s; (3) A fraction who prise in regula	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the	S CONSEQUENCE OF:
DIR lical e cal e ns; (3 ician as in	UNDERLYING CONDITION last. (C) fallowed	wity, finaturely
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
FUNERAL The chief med by a medic Shody burre The physician w	TO THE DEATH BUT NOT RELATED TO THE TERMINAL   I DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
Chief or the plant of the plant	19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUI the classified by (2) Beer the physerone	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, fociory, street,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?  (If in Baltimore City, give exact location)
he 'tal	DEATH Inotify medical examined	office bidg., INJURY OCCURY
hed by he he he he he he he he he he he he he	OF INJURY  (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED  While At I Not Wh	21F. HOW DID INJURY OCCUR?
a d 0 a a	Work At Work	
F+ F 0 0	22. I certify that W(this hospital) attended the deceased fram that (O(we) last saw the deceased alive on	12/2 19 po 10 /2/2+ 19/0
~ 0 8 - 7	and hour and from the causes stated above. (1) (We) (did) (did-met)	19 and that in (aur) apinion death accurred an the date
eased tident of hospital	23A. SIGNATURE	23B, DATE SIGNED
	DEGERE TO	
licate m was related. An accident of prior to	23C. PHYSICIANTS NAME (Type)	23D. ADDRESS 4940 Eastern Ave. Baltimore, Md.
certificat sody was vs. (1) An D.O.A. at assed pric	24A- BURIAL CREMATION, 24B. DATE 24C. NAME OI CEMETERY OF CI	
body ws: (1	Cremation 12-28-70 Baltimore City Ho	ospitals  Ap. Location Baltimore, Maryland 21224 (Stole)
This certif the body shows: (1) was D.O. deceased	25A. DATE REC'D BY HEALTH DEP 25E MANY OF REGISTRAR	25CJFUNERAL DIRECTOR ADDRESS
	VS 150-REV. 1/1/68	HOSPITAL DISPOSAL

1 for they for him Market Street

MARKET TOTAL

	EALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 12905
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)  EDITINI  DIGITALIANA	2. DATE Known K Month Doy Year Hnur
EDITH BUCHANAN	OF DEATH Estimoled □ December 30, 1970
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month of Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD, December 30, 1970 11:00 P.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
1903 Mc Henry Street	Maryland 2,003
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWE DIVORCED DIVORCED DIVORCED WIDOWE PART OF BIRTH 10. AGE (In years   Manager   Yr. If Under 24 Hrs	Baltimore YES X NO
last birthdox) Months, Doys, Hours, Min.	
1-9-2-5 45	1903 Mc Henry Street
11. BIRTHPLACE (State or lareign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Md. 11.5 A	GEORGE C. COX
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 13. MOTHER'S MAIDEN NAME
OFFRATOR WEHLLAN DING	UNKNOWY
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown)(If yes, give war ar dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS BALT
19. CAUSE OF DE	ROLAND EVANS- 1903 MCHENEYS1. NID 212
CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not meen the mode of dying, e.g., (A)IMMEDIATE	CAUSE Gunshot wound of chest AS A CONSEQUENCE OF:
heart foilure, asthenia, etc. It means the disease, Injury or complication which caused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES  (B)	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
HAIDEDIVING CONDITION INC.	
UNDERLYING CONDITION LAST.	AS PERFORMED 21 AUTOREV2 (Yes or No.)
UNDERLYING CONDITION LAST. (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	Yes
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	In or obout 22C. WHERE DID (II in Boltimore City, give exact location)
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W  VERY STRENAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	In or obaut 22C. WHERE DID (II in Boltimore City, give exact location) bidg., etc.) INJURY OCCUR? 1903 Mc Henry Street
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W  UNDERLYING TO CONTRIB- UTING CAUSE WAS UNDERLYING TO CONTRIB- UTING AUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1.2 = 3.0 = 7.0 1.0 • 0.0 D WHILE AT D. NOT	in or obaut 22C. WHERE DID (II in Boltimore City, give exact location) bidg., etc.) INJURY OCCUR?  1903 Mc Henry Street  22F. HOW DID INJURY OCCUR?  WHILE TY Apparently, shot, solf in short
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WITH CONDITION OF THE CONDIT	In or obaut 22C. WHERE DID (II in Boltimore City, give exact location) bidg., etc.) INJURY OCCUR? 1903 Mc Henry Street
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UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WILLIAM DISEASE OF CONDITION FOR WHICH OPERATION WILLIAM DISEASE OF CONDITION FOR WHICH OPERATION WILLIAM DISEASE OF TOTAL DISEASE	In or obaut 22C. WHERE DID (II in Boltimore City, give exact location) 1903 Mc Henry Street 22F. HOW DID INJURY OCCUR? WHILE Apparently shot self in chest  topsy X and that on this basis, death in my apinion
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WITH CONDITION OF THE CONDIT	In or obaut 22C. WHERE DID (II in Boltimore City, give exact location) 1903 Mc Henry Street 22F. HOW DID INJURY OCCUR? WHILE Apparently shot self in chest  topsy X and that on this basis, death in my apinion
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WITH CONDITION OF THE CONDIT	In or obout 22C. WHERE DID (II in Boltimore City, give exact location)  1903 Mc Henry Street  22F. HOW DID INJURY OCCUR?  WHILE Apparently shot self in chest  topsy X and that on this basis, death in my apinion  Hamicide Undetermined manner Chief Medical Examiner  CHIEF MEDICAL EXAMINER DATE SIGNED
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WILLIAM DISEASE OR CONTRIBUTION FOR WHICH OPERATION WILLIAM DISEASE OR CONTRIBUTION FOR WHICH OPERATION WILLIAM DISEASE OF OPERATION WILLIAM DISEASE OF DEATH OF THE WORK OF INJURY OCCURRED OF INJU	in or obout 22C. WHERE DID (II in Boltimore City, give exact location) 1903 Mc Henry Street  22F. HOW DID INJURY OCCUR?  WHILE Apparently shot self in chest  topsy X and that an this basis, death in my apinion  Hamicide Undetermined manner Chief Medical Examiner  CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WITH DISEASE OR CONTRIBUTION FOR WHICH OPERATION WITH DISEASE OF CONTRIBUTION FOR WHICH OPERATION WITH DISEASE OF DEATH.  22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 12-30-70 10:00 P. m. WORK WHILE AT WORK AT V.  23.  I certify that I held an Inquiry Inspection August Ascident Sulcident Signature EXAMINER'S Charles S. Springate, M.D.	In or obout 22C. WHERE DID (II in Boltimore City, give exact location)  1903 Mc Henry Street  22F. HOW DID INJURY OCCUR?  Apparently shot self in chest  topsy X and that an this basis, death in my apinion  Hamicide Undetermined manner X  CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER December 31, 1970
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WITH DISEASE OR CONDITION FOR WHICH	In or obaut 22C. WHERE DID (II in Boltimore City, give exact location)  1903 Mc Henry Street  22F. HOW DID INJURY OCCUR?  Apparently shot self in chest  topsy X and that an this basis, death in my apinion  Hamicide Undetermined manner X  CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER December 31, 1970
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WITH CONDITION OF THE CONTRIBUTING CONTRIBUTION C	In or obout 22C. WHERE DID (II in Boltimore City, give exact location)  1903 Mc Henry Street  22F. HOW DID INJURY OCCUR?  Apparently shot self in chest  topsy X and that an this basis, death in my apinion  Hamicide Undetermined manner X  CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER December 31, 1970
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UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WITH DISEASE OR CONDITION FOR WHICH OPERATION WITH DISEASE OR CONDITION GIVEN IN PART 1 (A).  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED HOME, form, foctory, street, office the property of the part o	In or obaut 22C. WHERE DID (II in Boltimore City, give exact location)  1903 MC Henry Street  22F. HOW DID INJURY OCCUR?  Apparently shot self in chest  topsy X and that an this basis, death in my apinion  Hamicide Undetermined manner X  CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER DECEmber 31, 1970  or CREMATORY 24D. LOCATION (City, town, or county) (State)

THE LUC HAT HOST ATTEMENTS BUT HER LOTS A WEW USA Garres C. Cox May the Mile Market Marie Market Sir Sir Sir Sir Sir Jule . 10 For des BURGAT 1-9-76 NEW LATERSKIE



VS 150-REV. 1/1/68

217 E. Fayette st. Adm. 6/15/68 IMPORTANT

DIRECTOR:

FUNERAL

medical

approved

520 W. 27th st. 21212 Adm. 9/16/20

25C. FUNERAL DIRECTOR

ADDRESS

25A. DATE REC'D BY HEALTH DEPT.

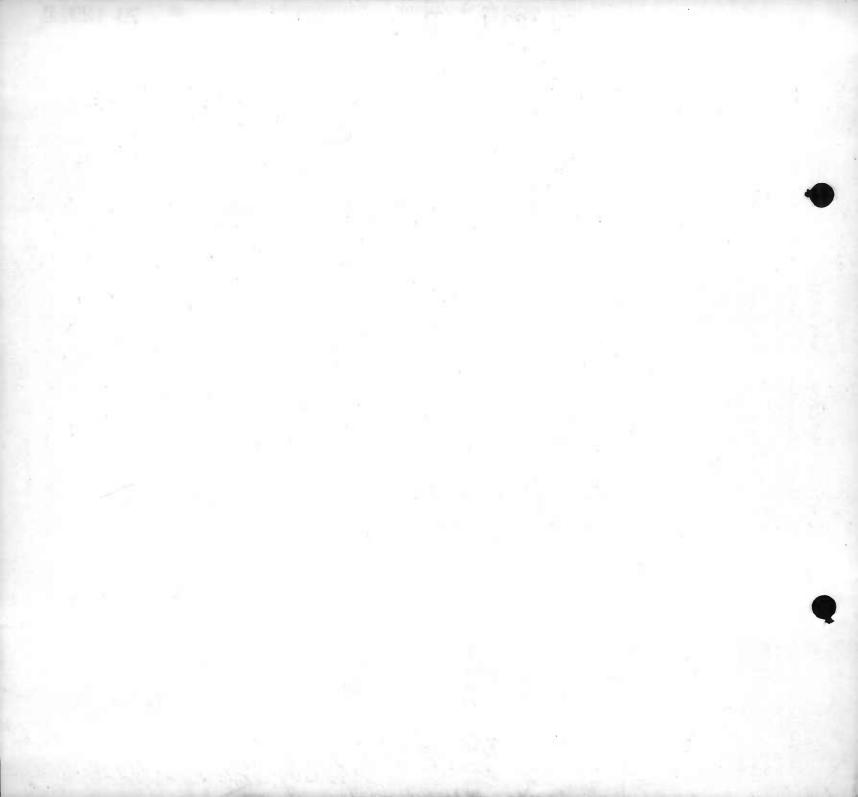
VS 151-REV. 1/1/68

258. NAME OF REGISTRAR

R-400			BALTIMORE CITY HE					less's	10010	
BIRTH NO.	MED	ICAL I	EXAMINER'S C	CERTIFIC	CATE O	DEAT	H REG. NO.	70	12910	
1. NAME OF DECEAS	ALFONS	SO R	ULE	2. DATE OF DEATH	Known   Estimated	Month	Doy	Year	Hnur	
4. PLACE IN BALTIME FULL NAME OF HOSPITAL	ORE, MARYLAND, W (IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITU		3. DATE PRONOU	NCED DEAD	Month Decemb		Yeor 1970	1:45 P.	
OR INSTITUTION	03 Light St	reet		I A. STATE	SIDENCE (Who Maryland	re deceased li	B. COUNTY	residence b	elore odmission)	
6. SEX 7.	White	8. MARRIED	NEVER MARRIED DIVORCED							
9. DATE OF BIRTH Aug. 21, 18	10.AGE (In	1	ND NUMBER	nt Stre						
11. BIRTHPLACE (State		12,	CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME					
14A.USUAL OCCUPAT done during most of working	ing lite, even it refired)		F BUSINESS OR INDUSTRY	15. MOTHER	S, MAIDEN NA	AME 27	46 E Bal	to St		
16. WAS DECEASED I (Yes, no or unknown) (If y	EVER IN II S ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFORM	ANT Alvez		C.	DORESS		
19.	el.		CAUSE OF DEA	<u>1 / 4К</u> ГН	C. Bal	timone	\ <i>†</i>		ROXIMATE INTERVAL	
(This does not a heart foilure, ast injury or compile  ANTEC DISEASES OR C RISE TO THE AB UNDERLYING	R CONDITION DIRECT DING TO DEATH neon the mode of dyl henla, etc. It meons the atlan which coused death of the county of the cou	ng, e.g., disease, th.) , GIVING ING THE	(B) DUE TO, OR (C)	AUSE IS A CONSEQU AS A CONSEQ						
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JAN 19 19	ALL REISE		Per registrar	<u> </u>	JNERAL DIRECT			DRESS Fort	and	
VS 151-REV. 1/1/68					/	// //		7/	1/30	

Secus 25

BALTIMORE CITY HEALTH DEPARTMENT



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IMPORTANT

DIRECTOR:

FUNERAL

approved

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NO

If Under 24 Hrs.

(State

unable to locate this address cold to Lenny & in Belle . City

MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.    NAME OF BEEASED   NAME   Reg. NO.	111-245	70 1 MFI	2913 DICAL	BALTIMORE CITY HE			DEAT	THI .	50	2696
Calvin Mc Lean   Calv	BIRTH NO.	,,,,,		EXAMII ALICO	CLIVIIII	CAILOI	DLA	REG. NO	)	40120
A PLACE IN BAILMORE, MARTIND, WHERE PRONOUNCED DEAD FULL HAME OF FULL HAME JOHN STATE J						Known 🔲	Month	Doy	Yeor	Hour
FRONOUNCED DEAD  12 23 1970 3:45 a  SUSUAL RESIDENCE (where deceased lived. # Initialization relations before adminish  ADDRESS OF LOCATION)  Johns Hopkins Hospital  6. SER  7. RACE  8. MARRIED   NEVER MARRIED   DIVORCED    8. DATE OF BIRTH  8. ASTAIN Md.  8. SATHER'S NAME  10 DIVORCED   Balto.  8. TO ALE OF BIRTH  10 ASE (in year)  10 ASE (in year)  11. BIRTHMACE(stoner foreign country)  12. CITERY OF  WHAT COUNTRY  4. SUSUAL RESIDENCE (where deceased lived. # Initialization for country)  13. BIRTHMACE(stoner foreign country)  14. SECURITY NO.  15. SATHER'S NAME  WHAT COUNTRY  4. SECURITY NO.  16. SINFORMANY  ADDRESS  AND COUPADONIGN-se led of world of the KIND OF BUSINESS OR INDUSTRY 13. ANOTHER'S MADEN NAME  WHAT COUNTRY  4. SUSUAL RESIDENCE (where deceased lived. # Initialization for country)  19. SECURITY NO.  10. SECURITY NO.  10. INITIAL RESIDENCE (where deceased lived. # Initialization for country)  10. INITIAL RESIDENCE (where deceased lived. # Initialization for country)  10. INITIAL RESIDENCE (where deceased lived. # Initialization for country)  10. SECURITY NO.  10. SINITAL RESIDENCE (where deceased lived. # Initialization for country)  11. BIRTHMACE(stoner foreign country)  12. CITERY OF  WHAT COUNTRY?  4. AUSUAL DECLORATION For initialization for country  13. BIRTHMACE(stoner foreign country)  14. SECURITY NO.  15. SECURITY NO.  16. INFORMANY  ADDRESS  AND COUNTRY of country  17. SOCIAL  18. INFORMANY  ADDRESS  AND COUNTRY of country  18. SECURITY NO.  18. INFORMANY  ADDRESS  AND COUNTRY of country  18. SECURITY NO.  18. INFORMANY  ADDRESS  18. SECURITY NO.  18. INFORMANY  ADDRESS  AND COUNTRY of country  18. INFORMANY  ADDRESS  18. SECURITY NO.  18. INFORMANY  ADDRESS  18. SECURITY NO.  18. INFORMANY  ADDRESS  18. SECURITY NO.  18. INFORMANY  ADDRESS  NOTE OF CREATION IN THE COUNTRY of the country of the country of the country of the country of the country of the country o					DEATH	Estimated				
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NAME (Type) Isidore Mihalakis, M.D.  12-23-70  4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or county) (Slote)  Burial 1/8/71 Getteysburg. Nat. Getteysburg. Penna.  5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. SUNERAL DIRECTOR ADDRESS			vaça	M.D	•					
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Burial 1/8/71 Getteysburg. Nat. Getteysburg. Penna.  5A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	AA. BURIAL CREM	ATION, 248. DATE			or CREMATO	DRY 24D.	LOCATION	(City, Inw		
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		- 10 1								(Stole)
ADDRESS ADDRESS		1/8/7	1050 11							
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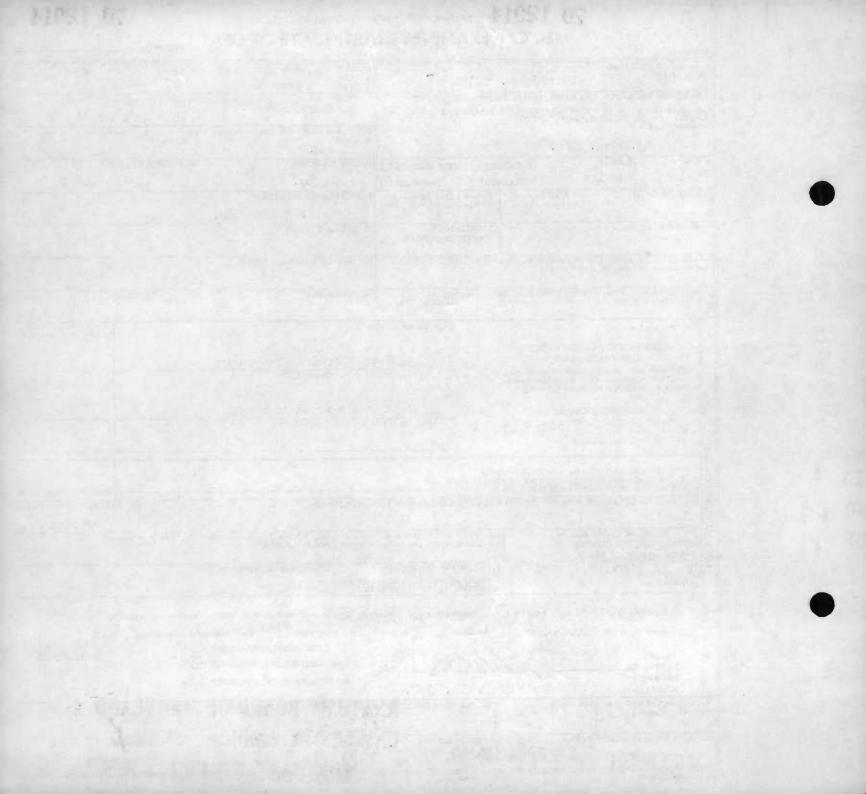
Letter from M.E.'s office

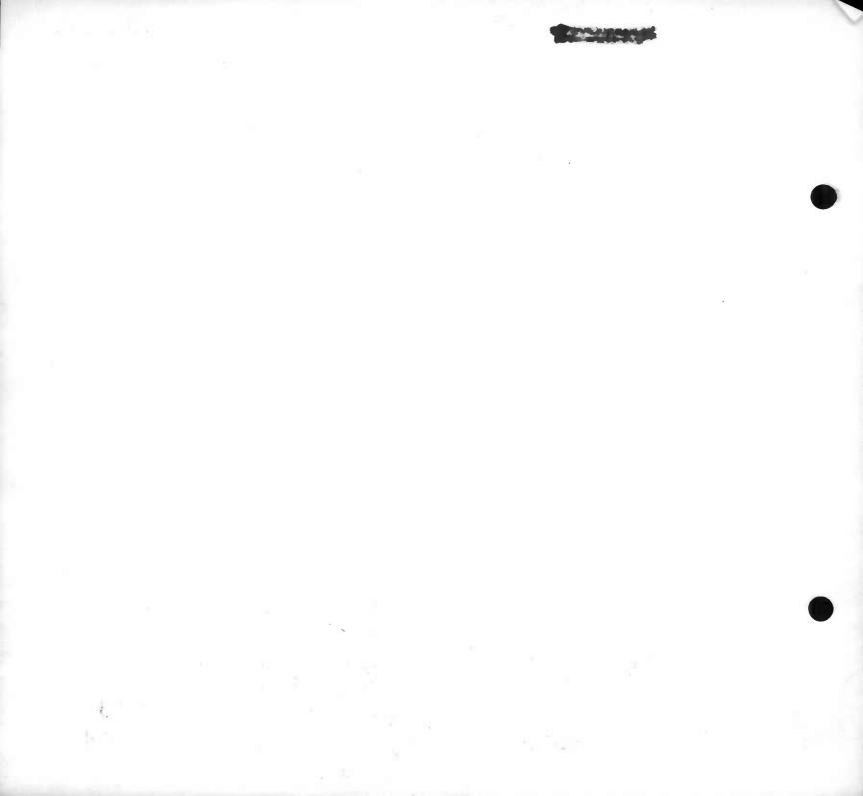
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M.H.

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1	0-650	MEDICA	L EXAMINER'S	CERTIFICAT	LE OL DEV.	TH REG. NO				
	RTH NC.									
	NAME OF DECEASED pe or Print)	CLAYTON A	. BRAUN	II OF	own Manth	Day	Year	Hnur		
4.	PLACE IN BALTIMORE,	MARYLAND, WHERE	PRONOUNCED DEAD	3. DATE	Month	Doy	Yeor	Hour		
HO	LL NAME OF (IF OSPITAL ADI INSTITUTION	NOT IN HOSPITAL OR IN DRESS OR LOCATION)	STITUTION, GIVE STREET	PRONOUNCED DEAD 12 23 1970 10 a  5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission						
	48 Md. Gen	. Hos.		A. STATE Md.	ACE (Where deceased	B. COUNTY	residence bei	104		
6.	SEX 7. RACE	8. MA	RRIED NEVER MARRIED	C. CITY OR TOWN	N	D. INSIDE CIT	Y LIMITS?			
1	male whi		WED DIVORCED	Balto.	•	YES	s E N	оП		
9. 1	DATE OF BIRTH	to. AGE (in years lost birthday)	If Under 1 Yr. il Under 24 Hrs. Months   Doys   Hours   Min.		North Ave.					
11.	BIRTHPLACE (State or for	reign country)	12. CITIZEN OF	13. FATHER'S NA						
			WHAT COUNTRY?							
14A	USUAL OCCUPATION	Give kind al work 148. KIN	ND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MA	AIDEN NAME					
don	e during most of working lile	, even il retired)								
	WAS DECEASED EVER			18. INFORMANT		AD	DRESS			
	19. 24 1 0		CAUSE OF DEA	TH				OXIMATE INTERVAL		
	DISTACT ON TO	I					BETWEE	N ONSET AND DEAT		
		NDITION DIRECTLY TO DEATH	4. NHIMEDIATE	cardiac	tamponade					
	(This does not mean the	he made of dying, e.g etc. It means the disease	DUE TO OP	AS A CONSEQUENCE						
	tnjury or complication	which coused death.)	•							
	ANTECEDE	NT CALISES	rupt	ured aortic	aneurvsm					
	DISEASES OR COND	ITIONS, IF ANY, GIVIN	G DUE TO, OR	AS A CONSEQUENCE		**************				
	UNDERLYING CON	CAUSE (A) STATING TH	IE							
ŏ			(c)							
CERTIFICATION	TO THE DEATH BUT N	II CONDITIONS CONTRIB TOT RELATED TO THE TER	MINAL							
E		ON GIVEN IN PART 1 (A	N FOR WHICH OPERATION W	AC DEDECTIVED						
Ü	2	ON 208. CONDINO	N FOR WHICH OPERATION W	AS PERFORMED				SY? (Yes ar Na)		
AL	22A. EXTERNAL CAU	SE WAS	1228 BLACE OF INITIDAL	1 220 111	HERE DID (II . S. III			rtial		
EDIC	UNDERLYING OR CO	NTRIB-	228. PLACE OF INJURY (e.g., home, lorm, loctory, street, allie	e bldg., etc.) INJURY	OCCUR?	ore City, give exact	location)			
Σ	OF INJURY	(Doy) (Yeor) (Ho	our) 22E.INJURY OCCURRED		OW DID INJURY OCC	CUR?	-			
	(APPROX.)		m. WHILE AT NOT	WHILE WORK						
	23.  I certify that	held on Inquiry	☐ Inspection ☐ Au	topsy Ond	that on this basis	. death in my o	pinion			
		Natural causes				Ined monner	7			
					MEDICAL EXAMINER					
	ACTUAL	12	bolelon	ASSISTANT	MEDICAL EXAMINER	=	D.	ATE SIGNED		
	SIGNATURE EXAMINER'S	- Coppe	M.C. M.C	).	MEDICAL EXAMINER					
	NAME (Type)	Isidore Mi	halakis, M.D.	ASSOCIATE	MEDICAL EXAMINER		12-23	-70		
RE:	A. BURIAL CREMATION, MOVAL (Specily)	24B. DATE	24C. NAME of CEMETERY	YAPORY	BUANDAON	M CAY HOW.	AND	(State)		
25	A. DATE REC'D BY HEALT	H DEPT.   258_	NAME OF REGISTRAR	NIVERSUL	A DIRECTOR	H SCHO	INI.			
	IAN 1 8 1075	Robert E Ja	BeiMa 10	2 0 0	2 1	200	D. CHICK			
V\$	151-REV. 7/1/68				JAKY SE	YICE -	RCM			





	1 - 1 -	BALTIMORE CITY	HEALTH DEPARTMENT		20 12016 4				
BI	RTH NO. 20-23481 70 12916	70 14310 [							
	NAME OF DECEASED  (pe or Print) BABV CIRI	NKINIS	2. DATE AND HOUR OF DEATH						
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENCE (When	e deceased lived. If ins	ditution: residence before admission)				
III H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	A. STATE B. COUN  MARY LAW  C. CITY OR TOWN	70	2/0/				
	University of Marylon	nd	BAZTIMO	26	YES 🔀 NO				
	Hospital		E. STREET AND NUMBER	y Green	e S13				
	N WIDOWED □	DIVORCED	12/30/70	9. AGE IIn years lost birthdoy)	Il Under 1 Ye. If Under 24 Hrs. Months Doys Hours Min.				
do	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS		11. BIRTHPLACE State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?				
12	CHILD NON		MARYLAN	V5	USA				
'3	FATHER'S NAME		TOITWELL	AE					
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or doles of service)	SOCIAL	17. INFORMANT		ADDRESS				
	NO	Nane	MOTHER	412 WH.	AMB UREST				
r	18.277X	CAUSE OF DEATH		39210, Md	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Promatu.	1. +1	a 1/2 hus				
	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	(A) IMMEDIATE CAUS DUE TO, OR AS A	CONSEQUENCE OF:	<u> </u>	7.100				
	injury at camplication which coused deoth.)								
	ANTECEDENT CAUSES	(B)	CONCEOURNCE OF	******************************					
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the								
	UNDERLYING CONDITION lost.	(c)							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(0000000000000000000000000000000000000			***************************************				
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED		20A. AUTOPSY? IYes or No.	20B, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?				
CALC	DEATH (notify medical examined)	CE OF INJURY (e.g., in rm, lactory, street, offi	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Boltimore	City, give exact location)				
MEDI	White A	URY OCCURRED Not While	21F. HOW DID INJU	JRY OCCUR?					
TAPPROX.) Wark At Work									
	22. I certify that (I) (this hospital) attended the dethat (I) (we) lost saw the deceased olive on	scensed from			lon death accurred on the date				
that (1) (we) lost saw the deceased office on									
23A. SIGNATURE  Attending Med. Shoff 2/2/70									
	23C. PHYSICIAN'S NAME (Type)	A DEGREE	BD. ADDRESS	h. A.S. Ma	well-and thought al				
24	A. BURIAL CREMATION, 24B, DATE 24C, NAME REMOVAL (Specify)	OF CEMETERY ON THE	ATOMY BOAR	DOF MAR	To in, A it soppy) (Stote)				
	1-13-71		HNS HOPKINS	MEDICAL	CCHOOL				
25	JAN 18 1971 Reger & Marie OF RE	GISTRAR	2500 JUNEAR DIRECTOR	MEDICAL	SCHOOLS.				
1	150-BEV 1/1/48		MINISTER S		MERLIN				

612 W. Hamburg St.

LOUIT O

D 15% BALTIMORE CITY HE									
MEDICAL EXAMINER'S C	ERTIFICATE OF DE	ATH REG. NO. 70 2917							
BIRTH NC.		NEO. NO.							
1. NAME OF DECEASED (Type or Print)	2. DATE Known Mon	th Doy Year Hnur							
REGINALD BROWN	DEATH Estimoled	M.							
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Moni								
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 12	6 1970 9:20 a							
OR INSTITUTION		sed lived. If Institution: residence before admission)							
2313 Pennsylvania Ave.	A. STATE	B. COUNTY							
	Md.	00-00							
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?							
male negro WIDOWED DIVORCED	Balton	YES NO							
9. DATE OF BIRTH to. AGE (in yeors If Under 1 Yr. If Under 24 Hrs. Monihs, Doys, Hours, Min.	E. STREET AND NUMBER								
May 26, 1925 45	Unk.								
II. BIRTHPLACE (Stole or foreign country)   12. CITIZEN OF	13. FATHER'S NAME								
New York WHAT COUNTRY?		*10							
U.D.A.	Fenjamin Frow								
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	13. MOTHER'S MAIDEN NAME								
	Altermese Ian	nd							
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	ADDRESS							
(Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.  218 -12 -02 05	Altermese Brow	m 557 Presstman St.							
19. CAUSE OF DEAT		APPROXIMATE INTERVAL							
S 7/ DI		BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY									
LEADING TO DEATH (A)IMMEDIATE C	SUSE Fatty metamorpho	sis of liver							
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VS 150-REV. 1/1/68

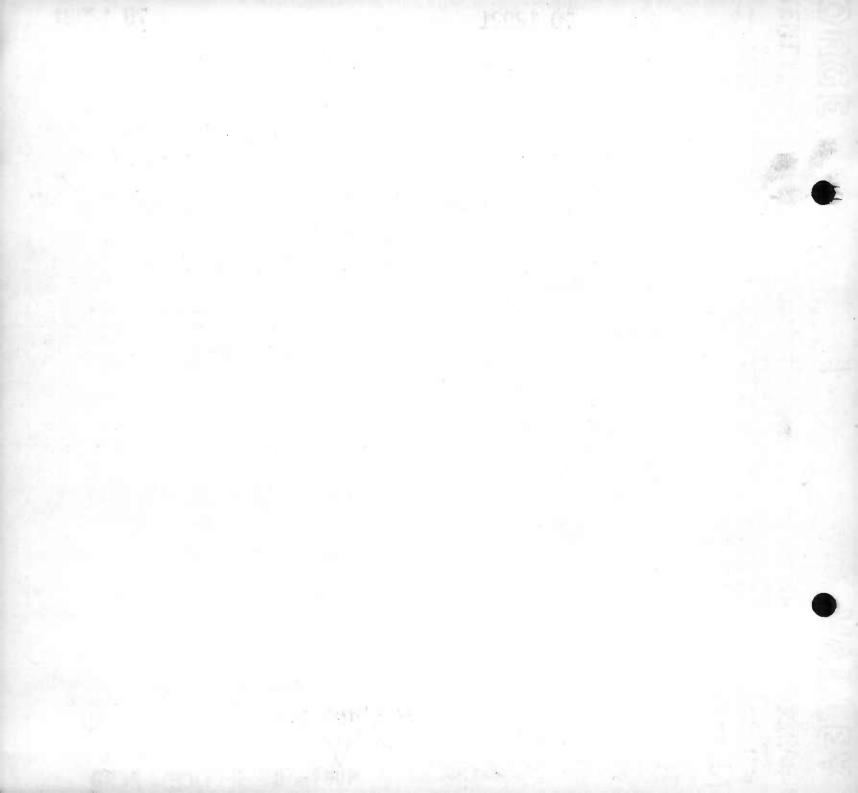


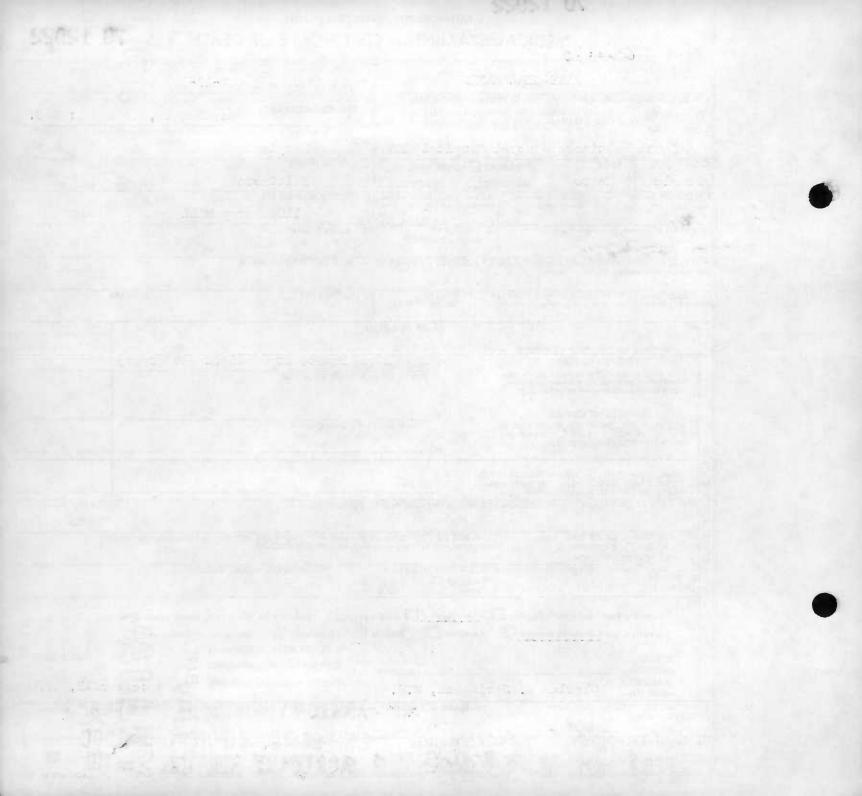
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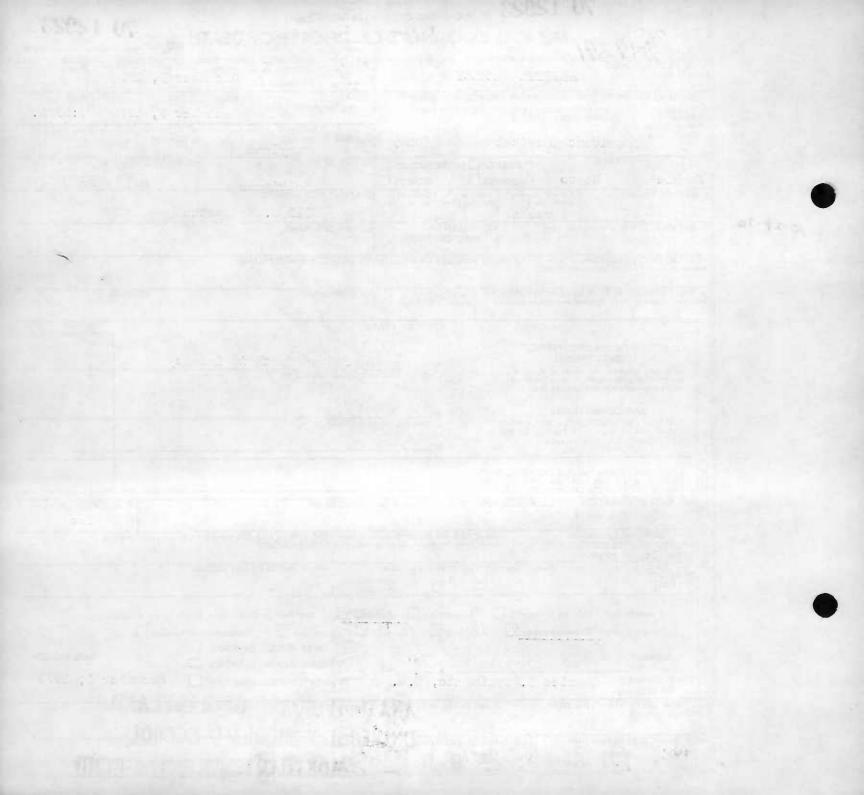
VS 150-REV. 1/1/68

2 hrs old



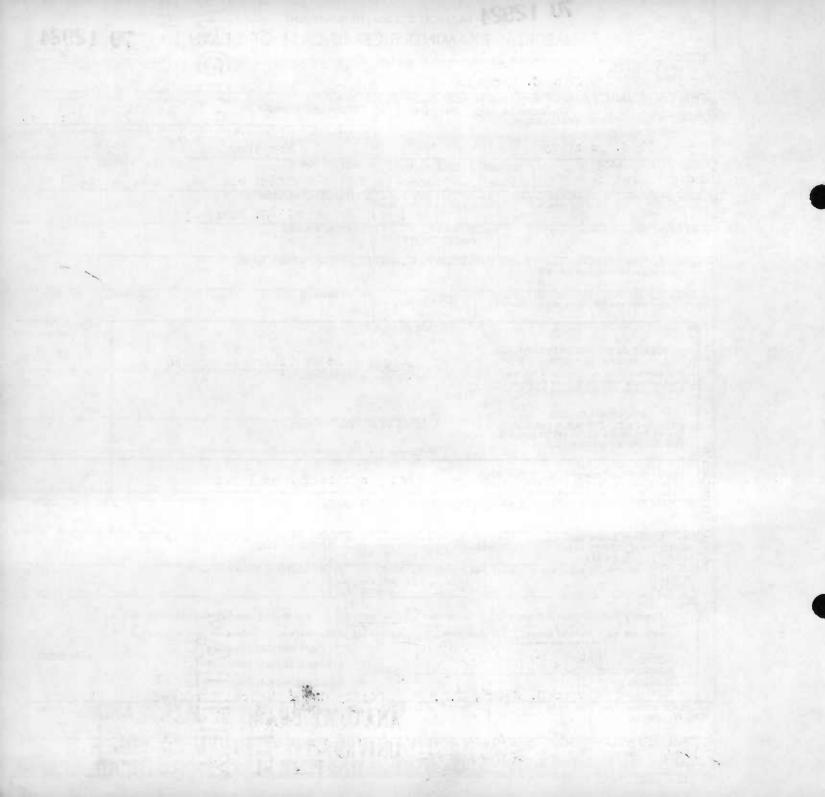


VS 151-REV, 1/1/68

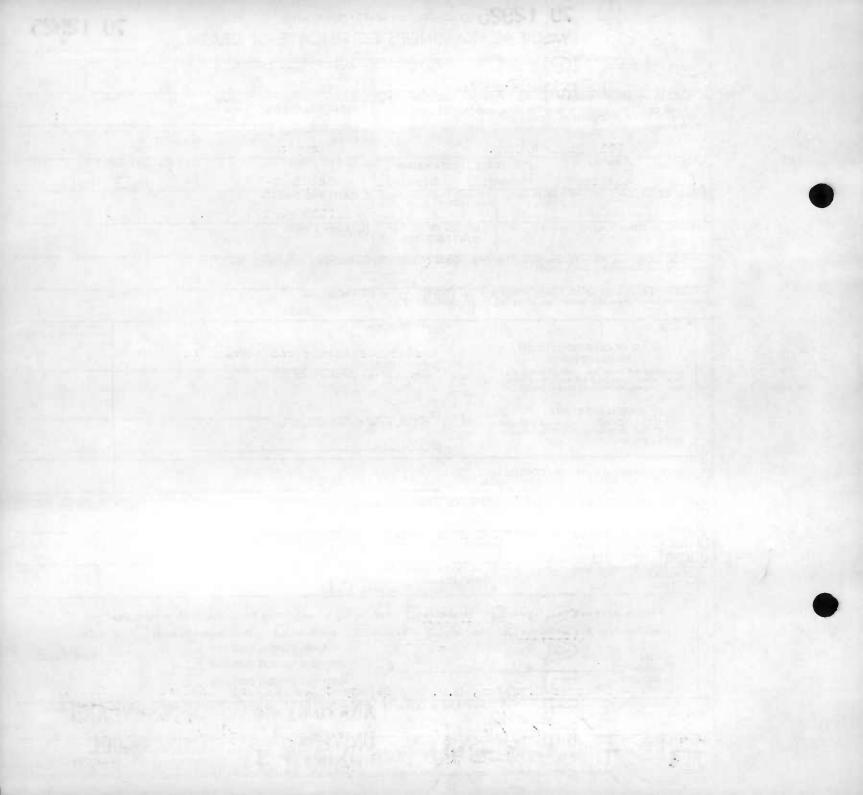


VS 151-REV. 1/1/68

	70 129	4 BALTIMORE CITY HE	ATTH DEDA	TMENIT				
N-242	MEDICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO	70 1	12924
. NAME OF DECEASED			2. DATE	Known 🔯	Month	Doy	Year	Hour
Type or Print)	John C. Nu	ckolls	OF DEATH	Estimated				м.
FULL NAME OF (IF NO ADDRESS)	ARYLAND, WHERE PI OT IN HOSPITAL OR INS ESS OR LOCATION)			NCED DEAD	Month 12	Doy 8	Yeor 70	12:30 ам.
23 S. Br	oadway		A. STATE	SIDENCE (Where Maryla		B. COUNTY	2	oefore odmission)
male 7. RACE white	B. MARR	HED NEVER MARRIED DIVORCED DIVORCED	C. CITY OR	TOWN Baltin	nore	D. INSIDE C		ио 🗆
P. DATE OF BIRTH	lost birthdoy) 43	Months Days Hours Min.	E. STREET A	ND NUMBER 23 S.	Broadw	ay		
1. BIRTHPLACE (State or lore	gn country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME				
4A.USUAL OCCUPATION (GI one during most of working life, e		OF BUSINESS OR INDUSTRY	15. MOTHE	S MAIDEN NA	WE			
6. WAS DECEASED EVER IN Yes, no or unknown) (II yes, give	U.S. ARMED FORCES wor or dotes of service	) 17. SOCIAL SECURITY NO.	18. INFORM	ANT		-	ADDRESS	
DISEASE OR CONI LEADING T  (This does not meon the heart loilure, asthenio, et injury or complication where the second to the above of the condition of the con	O DEATH mode of dying, e.g., c. it means the disease, lich coused death.)  I CAUSES IONS, IF ANY, GIVING AUSE (A) STATING THE IIION LAST.  II NDITIONS CONTRIBUT TRELATED TO THE TERM	(B) DUE TO, OR (C) COLUMN (C) Fatty	AS A CONSEQ			nonia		YEEN ONSET AND DEATH
DISEASE OR CONDITION	GIVEN IN PART 1 (A)	FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
								yes
OF INJURY (APPROX.)  23.  I certify that I resulted from y  ACTUAL SIGNATURE EXAMINER'S	ITRIB-	M.D. WHILE AT NOT AT WORK AT W	WHILE 2 WHILE ASSI	2F. HOW DID IN	JURY OCCI his basis, Undetermi EXAMINER EXAMINER EXAMINER	death In my	y opinion	DATE SIGNED
24A. BURIAL CREMATION, REMOVAL (Specify)	(-26-7)	24C. NAME of CEMETERY	ATOM	y boart	OF	MARY	LAND	) (State)
FEB 3 1971	Pelens E. Tank	IAME OF REGISTRAR UN	VERS	PER ED SE	BICAL	, SUN	D CEID	



VS 151-REV. 1/1/68



0.000	ME	EDICAL E	XAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.			
BIRTH NO.	254550			lla DATE		***			T.	
I. NAME OF DEC	Robert Lee	Smith	2. DATE OF DEATH	Known 🔼	Month 11	29	70	1:05	P	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION)  OR INSTITUTION						Month	Day	Year	Hour	
					PRONOUNCED DEAD  11 29 70 1:05  5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission and the state of t					
00	9 West	Preston	A. STATE Md e  B. COUNTY							
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OF	NWOT		D. INSIDE C	TY LIMITS?		
male	White	WIDOWED	Balto. YES NO DE STREET AND NUMBER  9 West Preston Street							
9. DATE OF BIRT	last birt	(in years HU hdoy) Mon rox 50								
II. BIRTHPLACE (S	app		CITIZEN OF	13. FATHER		OIL SL	reer			
			WHAT COUNTRY?							
t4A.USUAL OCCU done during mast of v	PATION (Give kind of w working life, even if relin	ork 148, KIND OF	BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	WE				
16. WAS DECEAS	ED EVER IN U.S. ARA	AED FORCES?	117. SOCIAL	18. INFOR	MANT		A	DORESS		
	(Il yes, give war or do		SECURITY NO.							
19. 1 - 07	19.		CAUSE OF DEA	TH					PROXIMATE IN	
DISEAS	E OR CONDITION D	IDECTIV		Ci	rrhosis of	E live	r	100.11	ZEIN ONSEI A	NO DEATH
	LEADING TO DEATH		(A)IMMEDIATE	CALISE						
(This does n	ot meen the made of	dying, e.g.,	DUE TO, OR	AS A CONSEC	UENCE OF:					
lulury or cor	nplication which coused	deoth.)								
AI	ANTECEDENT CAUSES (B)									
	OR CONDITIONS, IF	AS A CONSE	QUENCE OF:							
UNDERLYII	NG CONDITION LAS	T.	(c)							
<u>Ó</u>	11		(0)							
O THE DE	RIFICANT CONDITIONS ATH BUT NOT RELATED R CONDITION GIVEN I	TO THE TERMINAL								
20A. DATE OF			WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes o	r No)
5									s (He	adP
UNDERLYING	NAL CAUSE WAS	228. hom	PLACE OF INJURY(e.g. e, farm, loctory, street, offi	, In or obout ce bldg., etc.)	22C. WHERE DID	(II In Baltimo	ore City, give exc			
≥ 22D. TIME	(Month) (Doy) (	Year) (Hour) 2	2E.INJURY OCCURRED		22F. HOW DID IN	JURY OCC	UR?			
OF INJURY		1	WHILE AT NO	T WHILE -						
23.		m.	WORK AT	work [] [ lead on	1y)					
1 cert	ify that I held an	Inquiry 🗌	Inspection A	topsy XX	and that on t	his basis,	death in my	opinian		
resul	ted from: Natural	couses XX A	coldent Sulci	de H	omicide 🔲	Undetermi	ined manner			
	7		15		CHIEF MEDICAL	EXAMINER			D. 175 -100	
ACTUAL	X V	1/115	VIMUL	ASS	ISTANT MEDICAL	EXAMINER			DATE SIGN	AFD
EXAMIN NAME (	ER'S Peter	Lipkovic	- Control of the	ASS	OCIATE MEDICAL	EXAMINER	□ xx		11/30	)/70
24A. BURIAL CRE REMOVAL (Speci	MATION, 248. DAT	26-7/2	IC. NAME of CEMETERY	·ACMAN	OMY BO	14 CA POI	O Picy Migh	- on count	(S1a	te)
25A, DATE REC'D	BY, HEALTH DEPT.	25B. NAME	OF REGISTRAR	UNIV	EUNERAL DIRECT	MEDI	CAL S	GHAN	-	
FFR 3	1071 P.S.	g & Jak	THE STATE OF	MADT	MADY &	CD TIV	A14 _ W	WHEN !	<b>u</b>	
VS 151-REV. 1/1/6	8			ATANT	VARI 3	EK YH	15 - 15			

35151 US

ACTUAL SIGNATURE EXAMINER M.D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 12-5-70

24A. BURIAL CREMATION, 124B. DATE 12-5-70

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 12-5-70

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 12-5-70

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 12-5-70

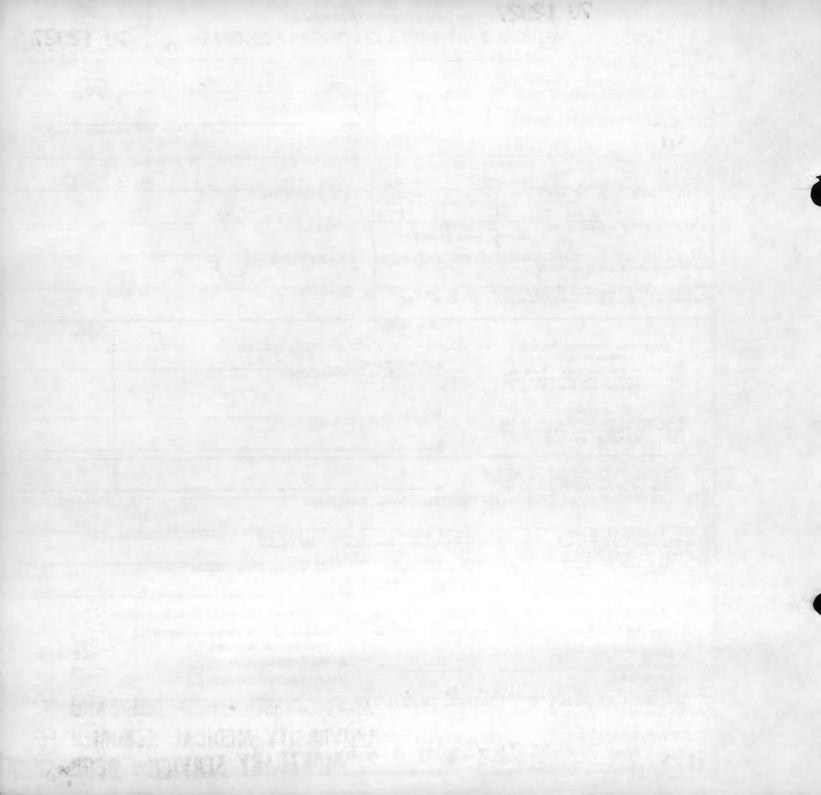
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 12-5-70

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 12-5-70

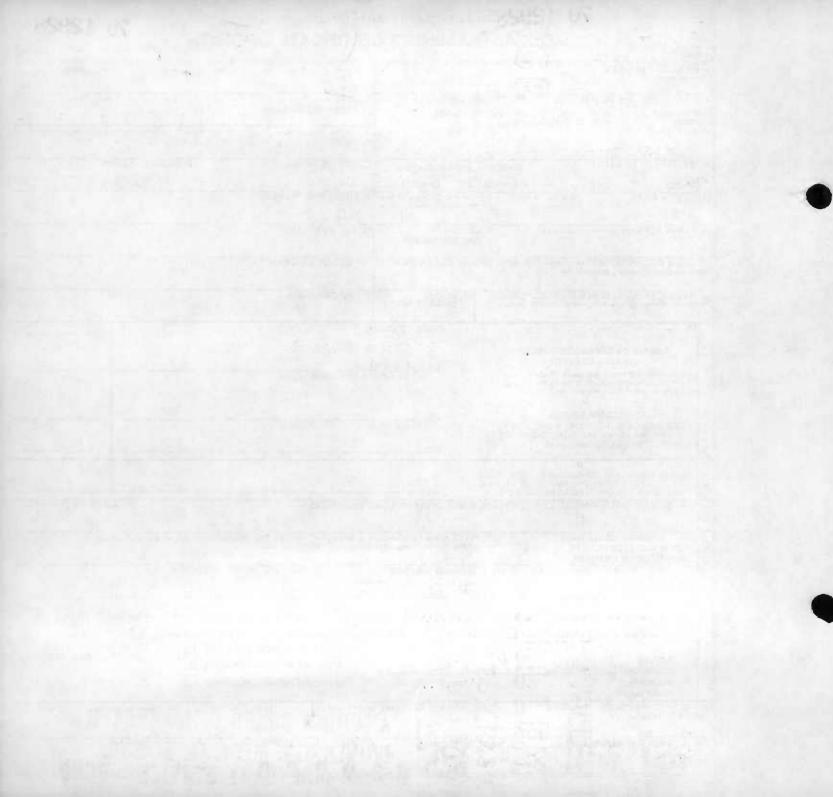
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 12-5-70

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 12-5-70

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25B. NAME OF R



C	, -10d		MED	ICA	L EX	CAMINER'S	CERTIFIC	CATEO	F DEAT	H REG. NO.	, 0			
BIRTH NO.  1. NAME OF DECEASED						2. DATE	Known 🗍	Month	Doy	Yeor	Hour			
(Type or Print) EDWARD EVANS						OF DEATH	Estimoted [				M.			
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE		Month	Doy	Yeor	Hour			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)						UNCED DEAD		ber 9,19		9:05 A <sub>M</sub>				
						A. STATE	Marylan		B. COUNTY	/ L	before odmission)			
6. 5	SEX	7. RACE	CHO DE		RIED	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
7	Male	Neg	ro				Balt	es $\square$	NO 🗆					
9. DATE OF BIRTH 110. AGE (In years   If Under 1 Yr. If Under 24 Hrs.						E. STREET AND NUMBER								
			lost birthdo	v) 46	Mont	Days Hours Min.	520 L	aurens S	treet					
11.	BIRTHPLACE (S	tote or foreig	on country)			ITIZEN OF	13. FATHER	'S NAME						
							The same							
I4A done	.USUAL OCCU e during most of w	PATION (Giv	e kind of work en if retired)	14B. KIN	D OF B	USINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN N	AME					
ló. (Yes	WAS DECEAS	ED EVER IN	U.S. ARMEI	of service	S? e)	SECURITY NO.	18. INFORM	MANT		Al	DDRESS			
7	19. 011	Q.				CAUSE OF DEA	TH					PPROXIMATE INTERVAL		
	011		TION DIST	ATIN .		Pulmona.	rv Tube	rculosis			0511	WEEN ONSET AND DEATH		
		E OR COND LEADING TO		CILI										
	(This does n	of mean the	mode of dy	ing, e.g.,		(A) IMMEDIATE O	AS A CONSEQ	UENCE OF:						
	julary or cou	, asthenio, etc nplication whi	ch coused de	ath.)										
ы		ITECEDENIT	CALICEC											
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE						AS A CONSE	QUENCE OF:						
	RISE TO THE	E ABOVE CA	USE (A) STA	TING TH	E									
20						(c)								
CERTIFICATION	TO THE DEA	IIFICANT COL	RELATED TO	THE TER	AINAL									
E		CONDITION				WHICH OPERATION W	AS DEDECODA	IED			121 ALITA	OPSY? (Yes or No)		
Ü	TON DAIL OF	OLEKANO	200. CO	ADIIIOI	FOR	MIRCH OFERADOR W	AS FERFORM							
							In or should	2C WHERE DIE	) /if to Robbe	asa Cibr. abra am		no		
EDICAL	UNDERLYING UTING CA	OR CON	ITRIB-		home	, farm, loctory, street, office	se bldg., etc.)	NURY OCCUR	? (4 11 10011111	ore City, give exc	er rounding			
Σ	OF INJURY	(Month) (I	Doy) (Yea	r) (Ho	1	E.INJURY OCCURRED		2F. HOW DID	NJURY OC	UR?				
	(APPROX.)				m. W	ORK NOT	WHILE WORK							
	23.	Ify that I h	ald an I	ngulry		Inspection X Au		and that am	this best	, death in my	aninian			
		ted from: N												
	resul	ted from: I	Tatural cou	ises 🔼	A	cident Suici		omicide						
	ACTUAL	1	100	111	/	11		CHIEF MEDICA		Comments of the Comments of th		DATE SIGNED		
	SIGNATI	URE_	wy	VIII	1	MI	).	STANT MEDICA			0 10 1=			
	EXAMIN NAME (1	ER'S R	onald	N. Ko	rnb	1um,MD.	ASSC	CIATE MEDICA	L EXAMINER	L 1	.2/9/7	0		
24.	A. BURIAL CREA	MATION,	248. DATE		240	C. NAME of CEMETERY	or CREMATO	ORY 24	D. LOCATIO	City_town	per county	(State)		
_	MOVAL (Speci		1-2	6-1	X	A	NATO	MY BOA	RD O	MARY	LAN	U		
25.	A. DATE REC'D	BY HEALTH	DEPT	25B.	VAME	OF REGISTRAR	NITY 25C	EUNERAL DIREC	Phic	IT ECH	POPPER			
	<b>FEB 3</b>	1971	(Kobep	138	10-15	ey Ma	TALKER	3111	DY	TRATECT	TO DE	COR		
VS	151-REV. 1/1/6	В						MUNITED BY		批刊技	- 0	CINT -		



24C. NAME of CEMETERY OF GREMATOR

258. NAME OF REGISTRAR

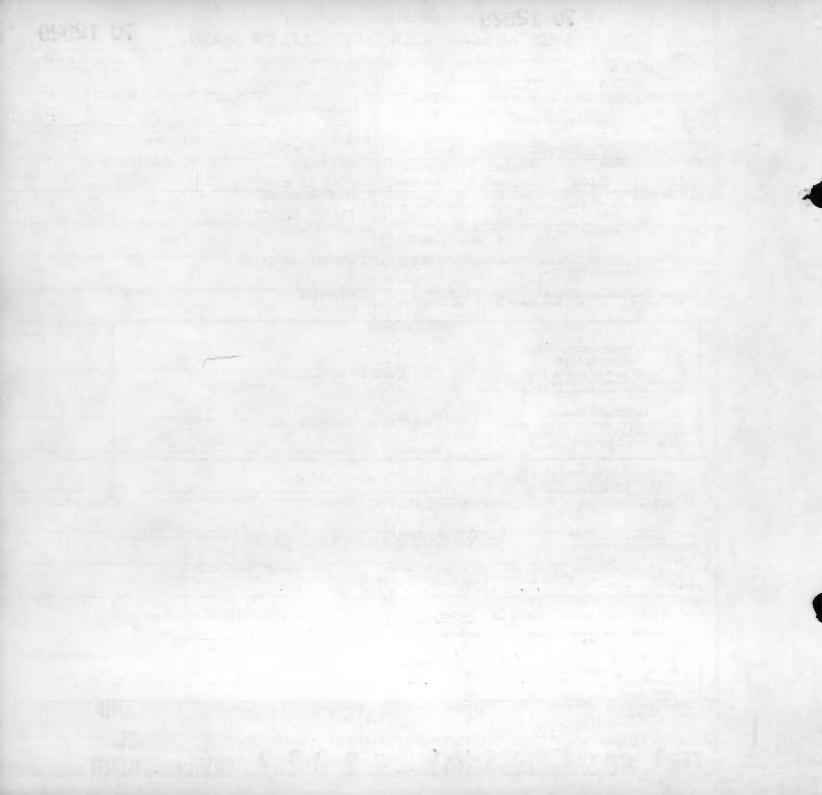
24A. BURIAL CREMATION,

25AT DATE REC'D BY MEAITH DEPT.

REMOVAL (Specify)

VS 151-REV. 1/1/68

24B. DATE



8-61-90 ¢sk	1-250 0 58-16-90 12930
l and death eased n the Such	I. NAME OF DECEASED
pital and of death Deceased to on the ath. Such	Jackson Genevieve
hospital ise of d (5) Dece ance on death.	
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION)  OD. INSIDE CITY LIMITS?
	Balto. YES OF NO
TO	4940 Eastern Ave, Baltimore, Md. 21224 3709 Towanda Ave. 21215 007
5.5.5.50	Female Negro Never MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In years lost birthdoy) Nonths Days Hours Min.
tr contribution is m	IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
nt if death direct or c i; (4) Undet th was in on the dece	W-waland U-S-A
nt if de direct o f; (4) Un th was on the disposit	13. FATHER'S NAME
kind; kind; death ice on	Genevieve   15. Wos Deceosed Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT 4940 Bastern Ave.   ADDRESS   18. SOCIAL   17. INFORMANT 4940 Bastern Ave.   ADDRESS   18. SOCIAL
22	BCH Records: Baltimore, Md. 21224
	CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
or his Also, ire of armounce attend	LEADING TO DEATH  IThis does not meen the mode of dying, e.g. (A) IMMEDIATE CAUSE 1 - V Block.
ner. actur pron mbalr	heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)
examiner. 3) A fractu n who pro n regular are emba	ANTECEDENT CAUSES  (B) Leftratory detien Lyndone-
(3) / (3) /	DISEASES OR CONDITIONS, if any, giving inse to the above couse (A) stoling the UNDERLYING CONDITION lost.
medical burns; hysicia n was	(C)-of- Citizen Control of Contro
0707	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING TO 121B. PLACE OF INITIALY OF A PARTIES OF DEATHS.
od od	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATHS.
y the chal by e. (2) Behave the chall before	
9073	DEATH Inolity medical examines
	21D. TIME (Month) (Doy) (Yeer (Hour 21E INJURY OCCURRED While At Work At Work 21E INJURY OCCUR?
approve to the h f any no l (except); and se obtain	22. I certify that (I) (this hospital) attended the deceased from 17/2 3 19/0 to 11/2 4 19/20
0 25 20 1	that (I) (we) lost sow the deceased alive on 12/6/19/19/19/19/19/19/19/19/19/19/19/19/19/
eased eased ident hospit must	ond hour ond from the causes stoted obove. (#) (We) (did) (did) view the bady ofter death.  23A. SIGNATURE  23B. DATE SIGNED
	Affending Med. Staff Director
y was rely was rely An acc.  1. A. at a l d prior to approval	Dr. Mazzi  MD  23D. ADDRESS 4940 Easterm Ave. Baltimore, Md.  Baltimore City Hospitals 21224
certificat sody was ss. (1) An D.O.A. at assed pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
This certiful the body shows: (1) was D.O. deceased written a	Cremation 12-28-70 Baltimore City Hospitals Baltimore, Maryland 21224
This the backwas was dece	FEB 8 197 Vale & State & ADDRESS OF THE HOSPITAL DISPOSAL

VS 150-REV. 1/1/68

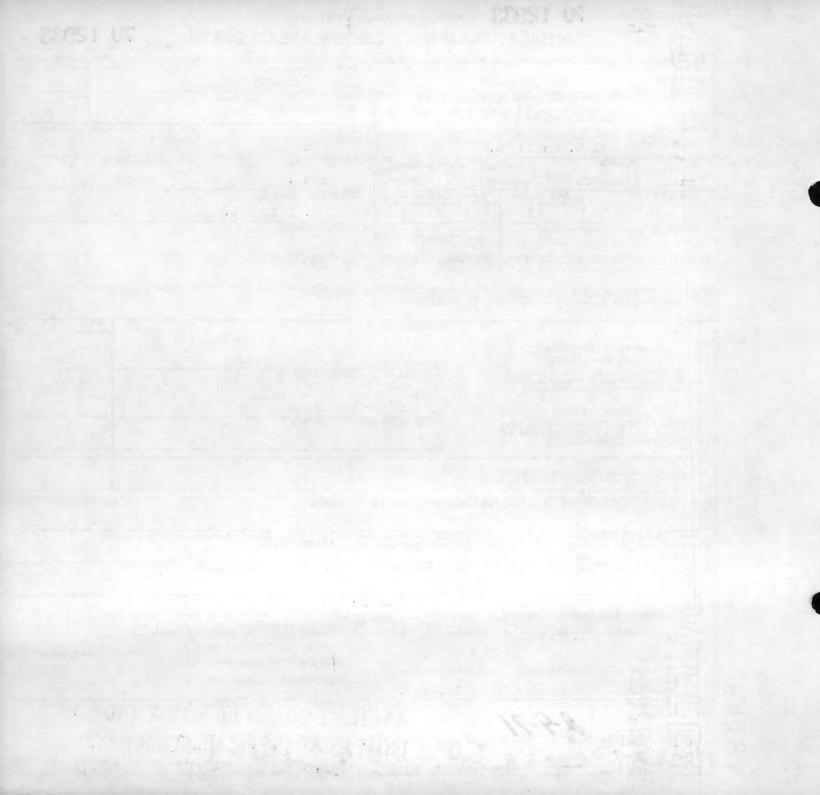
ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO Known 1. NAME OF DECEASED 2. DATE Month Doy Hour **Үеог** (Type or Print) OF Arnold Anderson Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Day Hour Month Yeor PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 12 22 70 7:00 a. M ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 2642 Maryland Ave. Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS? 6. SEX 7. RACE 8. MARRIED NEVER MARRIED Baltimore white male WIDOWED [ DIVORCED L YES NOL 10. AGE (In years lost birthday) E. STREET AND NUMBER 9. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min. 2642 Maryland Ave. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working lile, even if retired) 17. SOCIAL SECURITY NO. **ADDRESS** 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. INFORMANT (Yes, no or unknown) (if yes, give wor or dotes of service) APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A)MMEDIATE CAUSE Fatty alteration of liver LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A, DATE OF OPERATION (20B, CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) U 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Baltimore City, give exact location) home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) (Hour) WHILE AT NOT WHILE (APPROX.) m. WORK AT WORK 23. Autopsy X I certify that I held an Inquiry Inspection and that an this basis, death in my apinion resulted Fram: Natural causes X Suicide \_ Hamleide \_\_\_ Accident Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER NAME (Type) 12/22/70 Deputy Chief Medical Examiner Werner U. Spitz M.D.

24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY (Stote) REMOVAL (Specify) 25A. DATE REC'D BINHEALTH DEPT. 25B. NAME OF REGISTRAR VS 151-REV. 1/1/68



4-254	7	MED	ICAL	EV	A LAILIEDIC C	COTICI	CATE OF	DEAT		70 -	12021	2
BIRTH NO.		WED	ICAL	EXA	AMINER'S	EKIIFI	CATE OF	DEA	REG. NO.	10	LGUOR	3
NAME OF DEC	EASED			=====		2. DATE	Known 🗍	Month	Doy	Yeor	Hour	
Type or Print)		EMMA R	CHMO	ND		OF DEATH	Estimated	MOTIM	Doy	1601	1007	M.
. PLACE IN BAL	TIMORE, MA	RYLAND, M	HERE PRO	UONC	NCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	L OR INSTI	TUTION	I, GIVE STREET		UNCED DEAD	12	19	1970	12:45	. м.
	17	N. Ami	ty St			A STATE	ESIDENCE (Where	deceosed	B. COUNTY	n: residence	belore damis	sion)
. SEX	7. RACE		8. MARRI	ED 🗍	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		
female	negr	0	WIDOW		DIVORCED [		alto.		Y	ES 🖾	NO 🗆	
P. DATE OF BIRT	Н	10.AGE (Ir last birthdo	v) 1	If Unde Months	r 1 Yr, II Under 24 Hrs. Doys Hours Min.		N. Amity	St.				
1. BIRTHPLACE (S	itale or foreig	n country)	1		IZEN OF IAT COUNTRY?	13. FATHER	'S NAME					
4A.USUAL OCCU	PATION (GIV	e kind of work en if retired)	148. KIND	OF BU	SINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	MÉ			ALT:	
6. WAS DECEAS (es, no or unknown)	ED EVER IN	U.S. ARMED	FORCEST of service)	2 17	7. SOCIAL SECURITY NO.	18. INFOR	MANT		A	DDRESS		
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	E OR COND		CILLY				fatty live	r				
(This does n	ot mean the	mode of dy	Ing, e.g.,		(A) IMMEDIATE C	AUSE AS A CONSEC						
heart fallure	, osthenio, etc. nplication which	. It means the	disease,		50210,000		.02.702 011					
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	NTECEDENT				(8)		coholism					
RISE TO TH	OR CONDITION E ABOVE CAN NG CONDITION	ONS, IF ANY USE (A) STAT	GIVING		DOE 10, OK	AS A CONSE	QUENCE OF:					
UNDERLYII	NG CONDITI	ION LAST.			(c)							
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U TO THE DE	NIFICANT CON ATH BUT NOT CONDITION	NOTIONS CO	THE TERMIN	NG NAL								
				OR W	HICH OPERATION W	AS PERFORM	AED			21. AUTC	PSY? (Yes	r No)
5											RTIAL	
₹ 22A. FXTER	NAL CAUSE	MAGE	12	128 mi 4	ACE OF INJURY (e.g.,	In an about !	OC WHERE DID	lift - Dald-	on City of a		(1,12,17	
UNDERLYING UTING CA	OR CON	TRIB-	F	nome, fo	arm, factory, street, offic	e bldg., etc.)	NJURY OCCUR?	(it it poilim	ore City, give ex	act tocation)		
≥ 22D. TIME OF INJURY		Ooy) (Year	) (Hour)	) 22E.	INJURY OCCURRED	1	22F. HOW DID IN	JURY OC	UR?			
(APPROX.)				m, WHI	RK L AT W	WHILE ORK						
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resul	ted from: N	latural cou	K 603	Acc	Ident Sulcid				Ined manner			
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EXAMIN						ASSC	CIATE MEDICAL I	EXAMINER		1	10 00 -	70
NAME (			e Mih		kis, M.D.						L2-20-7	
24A. BURIAL CRE REMOVAL (Spec	MATION,	248, DATE	-71	24C.	NAME of CEMETERY	CTOM!	PBOARD	OF	MARYT	"AND"	) (S10	le)
25A. DATE REC'D	BY HEALTH	DEPT.	25B. N	AME O	F REGISTRAR TINI	WE SC.	PUNERALIDARECT	DRC AT	CCHO	ESS		
ER 18 4	0 1950	0 00	20	1	O O DIVI	LEWS		MOAL	, Scho	UL		
CD To	Wa.	GRANG C.	42.30	0.6		M	The state of	CE	DVICE	P.C	\$11	
S 151-REV. 1/1/6	8				•	ATA.	JAR DILLE	06	AN TAUL	- 50		



resulted from: Natural causes X

24B. DATE

ACTUAL

24A. BURIAL CREMATION, REMOVAL (Specify)

VS 151-REV. 7/1/68

SIGNATURE **EXAMINER'S** 

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

	39		1316 Lawrence St.	
11.	BIRTHPLACE(State or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
dar	A. USUAL OCCUPATION (Give kind of work 14B. KINI the during most of working life, even if retired)	O OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
16. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCE	S? 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRI	ESS
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart foilure, osthenia, etc. it means the disease, injury ar complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) IMMEDIATE DUE TO, OR  (B) DUE TO, OR  (C)	ral and subaravhnoid hemorrhage	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TIFIC	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	UNAL .		
CO	2/			yes
MEDICA	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	r) 22E.INJURY OCCURRED WHILE AT NOT	In ar obout 22C. WHERE DID (If in Baltimare City, give exact lace bidg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?	oflan)
	l certify that I held an Inquiry	Inspection Au	and that on this basis, death in my opin	ilon

Suicide \_\_\_

Accident

24C. NAME of CEMETERY

Isidore Mihalakis, M.D.

258-NAME OF REGISTRAR

Homicide ...

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

Undetermined manner

Hnur

Hour

DATE SIGNED

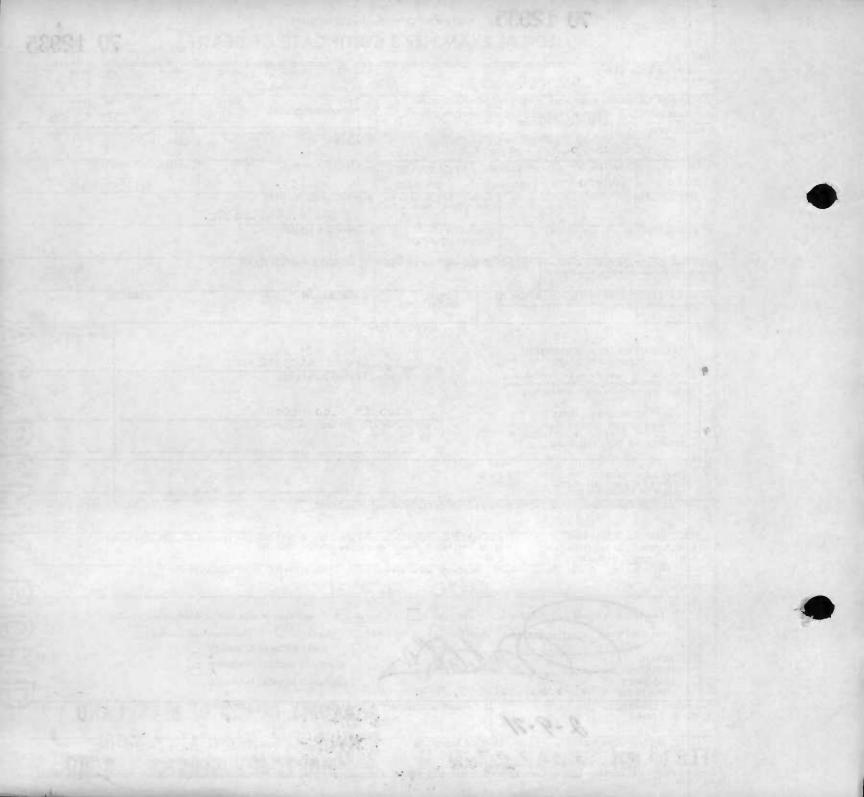
(State)

12-25-70

REPORT OF THE PROPERTY OF THE Cots has of schools , 112

70 12935 BALTIMORE CITY HEALTH DEPARTM

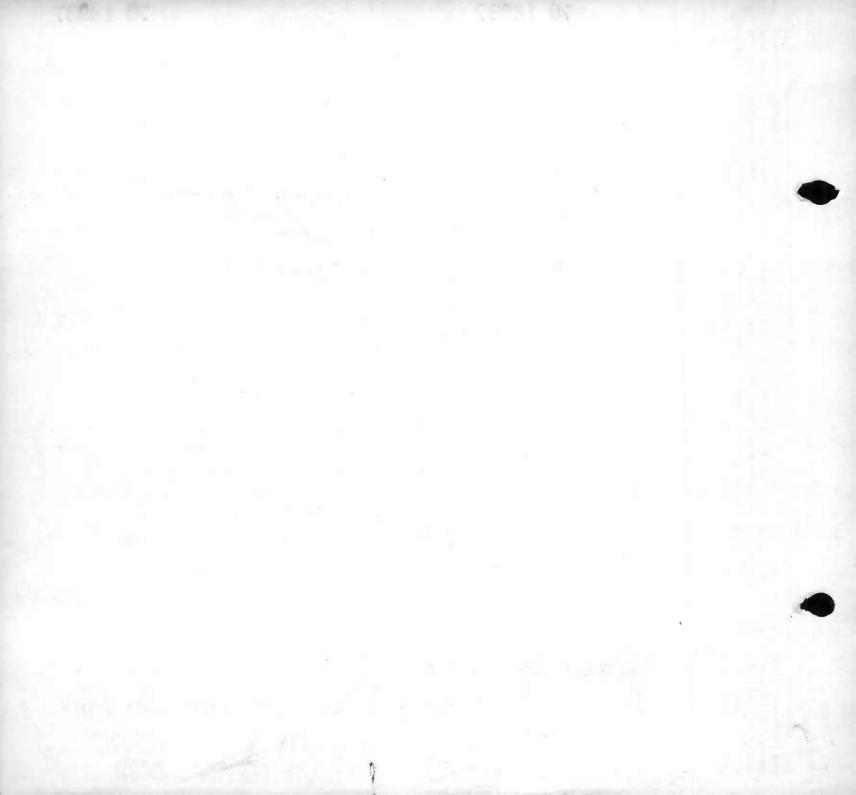
BI	J-523	5		ICAL		AMINER'S				OF	DEAT	H REG. NO	70	129	35
1.	NAME OF DE	CEASED	WALTE	R JOH	INSO	N	2	DATE OF DEATH	Known	_	Month	Doy	Yeor	Hour	M
FU	PLACE IN BAI LL NAME OF SPITAL INSTITUTION	(IF NO		AL OR INS		N, GIVE STREET	3	PRONO	UNCED DE	1000	Month 12	Doy 25	Yeor 1970	3:08	a M
		Church	Home &	Hosp	ita	1		A. STATE	Md.	(where	dece asea :	B. COUNTY		-01	sion)
	male	7. RACE negr	0	8. MARE	_	NEVER MARRIED		CITY OR	TOWN Balto				CITY LIMITS?	NO []	
9.	DATE OF BIRT		10. AGE (le losi birthdo	yeors	If Und	der 1 Yr. II Under 24 H s. Doys Hours M	rs. E		AND NUM	BER	as St		TES [-a]	NO LJ	
11.	BIRTHPLACE (S	lole or forei	- 4			TIZEN OF HAT COUNTRY?	13	3. FATHER		Darre	20 00				
	.USUAL OCCU			14B. KIND	OF B	USINESS OR INDUS	TRY 1	5. MOTHE	R'S MAIDE	N NAM	NE .				
	WAS DECEAS s, no or unknown					17. SOCIAL SECURITY NO.	1:	8. INFOR	TNAM				ADDRESS		
CERTIFICATION	(This does in heart foilure injury or cor AI DISEASES (RISE TO THE UNDERLYIN OTHER SIGN TO THE DE.	LEADING TO ME TO THE TO	mode of dy c. It means the ich coused dec  CAUSES IONS, IF ANY AUSE (A) STA	disease, oth.)  GIVING THE  ONTRIBUTHE TERM	TING	(8) chi	E CAI	use A CONSEC	fatty DUENCE OF	sm	er		BETY	TEN ONSET AP	ND DEATH
	20A. DATE OF					HICH OPERATION	WAS	PERFORM	NED					PSY? (Yes on	r No)
MEDICAL	UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.)  23.	USE OF DE. (Month) (  Ify that I I ted from: 1	ATRIBATH. Doy) (Year	ndpiry [	m. WC	Inspection .	D OT WIT WOR	HILE 2 PSY X ASSI	NJURY OC	DID INJ	URY OCC Is basis, Indetermi KAMINER	death in m	y opinion	DATE SIGN	
RE	A. BURIAL CREA MOVAL (Speci	MATION, fy)	24B. DATE 2-9	-7/	24C	NAME of CEMETE	A Y	MATE	MY	BOA		)F MA	RYEN	VD (Stote	
F	EB 18	1971 U	Pober E	30.6 30.6	AME (	OF REGISTRAR	2	9	ART	AR	Y SI	RVIC	B(	HD	



		M-252 RIHNO. 70-2353670 12936		TE OF DEATH	REG. NO.	70 12936
		NAME OF DECEASED	F	2. DATE AND H		40
	3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUN	NCED DEAD	4. USUAL RESIDENCE (Where der	cosed lived. If instit	ution pridose before desirion.
	HC	JLL NAME OF OSPITAL OR INSTITUTION ADDRESS OR LOCATION)	NON, GIVE STREET	MARYLAND - C. CITY ORIOWN		/5/3 CITY LIMITS?
•	3	38 University Ito	spital.	BALL MORE  E. STREET AND NUMBER  2474  SHIP	LFY AVE	ES NO
	5. 5	SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AC		f Under 1 Yr. If Under 24 Hrs. Nonths Days Hours Min.
E S	L	M. WIDOWED	DIVORCED I	11-22-70 ast	birthday) N	Nonths Days Hours Min.
	don	A. USUAL OCCUPATION (Give kind of work 108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stole of foreign co	ountry)	2. CITIZEN OF WHAT COUNTRY?
position				Md		
6	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
2		James Sabb		ETNes Eir	in m	- Venzia
- 11	15. Yes	117 6	6. SOCIAL SECURITY NO.	17. INFORMANT	0.0 111	ADDRESS
		-	JECOKIII NO.		T 1 20	CI
		18.	CAUSE OF DEATH	Lines	conc pr	APPROXIMATE INTERVAL
		DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
		LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	E anotra		
3		heart failure, osthenia, etc. It means the disease, injury or complication which caused deoth.)	DUE TO, OR AS A	CONSEQUENCE OF:		
		ANTECEDENT CAUSES	٥	4 de C	Α	
		DISEASES OR CONDITIONS, if any, giving	(B) CUC	A CONSEQUENCE OF:	nta	
		rise to the obove couse (A) stating the UNDERLYING CONDITION last.		h 0 0 1 4		
		The state of the s	(c) // // //	enal hyper	emolecu	
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	/600000	·····		
	E I	19A-DATE OF OPERATION 198 CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes of No) 208	IF YES, WERE FINE	DINGS CONSIDERED
	ERT			No	CERTIFYINO CAUSES	S OF DEATH?
	CAL	DEATH (nafily medical examiner)	ACE OF INJURY (e.g., in form, factory, street, affi	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Boltimare Ci	ty, give exact location)
	MED	OF INJURY	JURY OCCURRED	21F. HOW DID INJURY C	CCUR?	
	5	(APPROX.) While Wark	At Wark			
		22. I certify that (1) (this hospital) attended the	deceased from	12.22 197	O to /2	1-22 19 70
		that (H) (we) last saw the deceased allve on	12-22	9		death occurred on the date
	ŀ	and haur and from the causes stated above. (4) (	We) (did) (did-not) vi	ow the body after death.		
	1	23A. SIGNATURE			231	R. DATE SIGNED
		X mia sewat	Atten	ding Med. Staff Director Phys.		12-22-70
		28C. PHYSICIAN'S NAME (Type)		D. ADDRESS		
	244	Thirw	DEGRE	NATOMYROARD	OF MAR	YI ANDO
	c4Me	BURIAL CREMATION, 24B. DATE 24C.NAM	E of CEMETERY OF CREA	ATORY 24D. LOCATI	ON (City, to	awn, or county) (State)
	25 A	DATE REC'D BY HEALTH DEPT.   258, MANAS OF		JUNS HUHKINS	MEDICAL	SCHOOL
	JA	MAR 23 1971 Calculations	XXIIAR () ()	MORTUARY SEL	RVICE - I	BCHDDDRESS
1	75 1	150-REV. 171/68				



BALTIMORE CITY HEALTH DEPARTMENT



	5-162 70 12938	_	TE OF DEATH	REG. NO.	70 12938 4
1,	NAME OF DECEASED  Per er Print BABY (   P	8 PR 16.00	2. DATE AN	ID HOUR OF DEATH	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	MOUNCED DEAD	12 /	13-10 2:50	Pay M.
FL	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION		A. STATE B. COUN  C. CITY OR TOWN		
110	20		Bal In		CITY LIMITS?
	30 Wow vesity A	onfal	E. STREET AND NUMBER		NO   19-0/
=				Smaldga	X .
	B WIDOW		12/15/70		Under 1 Yr. II Under 24 Hrs. onths Doys Hours Min.
de:	LUSUAL OCCUPATION (Give kind of work 108, KINE during most of working life, even it retired)	OF BUSINESS OR INDUSTRY	11. 8IRTHPLACE (State er lorei	gn country!	2. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A.F	10.2 M
	Louis Sall		mary 1	BU190 -	
15. (Yo	Was Deceased Ever in U. S. Armod Forces? s, no or unknown) (If yes, give wor or dates of sorvice	1 6. SOCIAL	17. INFORMANT	Jacoby X)	ADDRESS
	strong and the service of the service of service of service of the	SECURITY NO.	St Chart	Q0-99-81	and sop,
	18.743.11	CAUSE OF DEATH	i		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		0:	132	BETWEEN ONSET AND DEATH
	LEADING TO DEATH  1This does not meon the mode of dying, a heart failure, osthenio, etc. II means the disec	(A) IMMEDIATE CAU	SE CO DE PUE	ling And	4
	injury or complication which coused death.)	15 %			
	ANTECEDENT CAUSES	(B) Grales	delloped (3	nau / uce	e
	DISEASES OR CONDITIONS, if ony, given ise to the above couse (A) stoling UNDERLYING CONDITION last.	ing DUE IO, OK AS	A CONSEQUENCE OF:		
	11	(0/	***************************************		******
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IG AL			
CERTIFIC.	19A DATE OF OPERATION 19B CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE FIND IN CERTIFYING CAUSES	MNGS CONSIDERED
CAL	CALINBOING CAOSE OF	21B PLACE OF INJURY (e.g., in home, farm, factory, street, off etc.)	er obout 21 C. WHERE DID ico bldg. INJURY OCCUR?	(If In Boltimore Cit	y, give exact location)
MEDI	(APPROY)	21E INJURY OCCURRED  White At Not White	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (I) (this hospital) attende	Work LJ At Work			
	that (1) (we) lost sow the deceased office a	or the deceased from	19ond the	7toto	deoth occurred on the date
	ond hour ond from the couses stated abave	. (1) (We) (did) (did not) vi	ew the body ofter death.		
	Le malat	// /   Dh	ding Med.	Shaff 23 B	DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	mys. —	2-10,10
24A	BURIAL CREMATION, 1748, DATE	DEGREE	MATONY		
	REMOVAL (Specify)	-	DISPOSAL 13	ALTO, Ma	wn, er county) (Stete)
25 A		E OF REGISTRAR	225CJ HUSPITAT	DISPOSAL	ADDRESS
VS	150-REV. 1/1/68	wey R.O.		ATOT ONTH	

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170 12939 IRTH NO.	CEDTIEIC	TE OF DEATH	REG. NO.	
NAME OF DECEASED	CEKTIFICA	ALE OF DEATH	/	70 12020 .
		2. DATE AP	NO HOUR OF DEATH	
Pro or Printly RIOS, LOU	ISE		RUARY 8, 1	
PLACE IN SALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE B. COUN	ne deceased lived. If i	nstitution; residence before admission)
JLL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	PENNSYLVANI	A V	5 15963
STITUTION		C, CITY OR TOWN	D. INS	SIDE CITY LIMITS?
ST. AGNES	LKENS AVES.	WINDBER  E. STREET AND NUMBER		YES NO
BALTIMORE.	MARYLAND 21229	1 - 1	ANF	
	MARTILAND 2122	8. DATE OF BIRTH	9. AGE (In years	I If Under 1 Yr. if Under 24 Hrs.
	DOWED DIVORCED D	1.00	lost birthday)	Months Doys Hours Min.
A, USUAL OCCUPATION (Give bind of work 10g.			61	12. CITIZEN OF WHAT COUNTRY
ne during most of working life, even if refired}				
HOUSEWIFE		PENNSYLVANIA		U.S.A.
L FATHER'S NAME		14 MOTHER'S MAIDEN NA		
JOSEPH TURCATO		LOUISE (BENNE	TTE)	
. Was Decogned Ever in U. S. Armed Forces? es, no or unknown! (II yes, give war or dates of :	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT AVES	BALTO.MC	ADDRESS 21229
NONE				S-CATON & WILKE
18. 4 21 9	CAUSE OF DEA		201111	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECT	LY	Time		
LEADING TO DEATH	(A) IMMEDIATE CA	USE INTRACRANIA	L HEMMORRHA	(GE)
tThis does not mean the mode of dyin heart failure, asthenia, etc. It means the	disease. DUE TO, OR AS	A CONSEQUENCE OF		
injury or complication which caused deat	h.)			
ANTECEDENT CAUSES	(B)	S A CONSEQUENCE OF:		
diseases or conditions, if any, ise to the above cause (A) state	Section 2	3 A CONSEQUENCE OIL		
				<b>I</b>
UNDERLYING CONDITION last.	(c)			
	(c)			
	(C)BUTING			
	BUTING RMINAL	120A. AUTOPSYS (Yes of N	ol 208, IF YES, WERE	FINDINGS CONSIDERED
	BUTING RMINAL A). DN FOR WHICH OPERATION	20A-AUTOPSYR (Yes or N	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
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